



Bursar's Office
 155 Elizabeth Blackwell Street
 Room 200 CAB
 Syracuse, NY 13210
 Tel: 315-464-5148 Fax: 315-464-4648

**MONTHLY PAYMENT PLAN
 AGREEMENT
 SUMMER Semester 2012**

If you wish to enroll in the Monthly Payment Plan, please complete this form and return it to the Bursar's Office. A \$25 fee will be assessed to your account for the Summer 2012 semester. ***Include the \$25 fee with your first payment, along with the bottom portion of your tuition bill.**

Student Name: _____ Student ID No.: _____

Daytime Phone# _____ PROGRAM/YR _____

How to calculate your monthly payment
 Charges Tuition and fees \$ _____

Clark Tower \$ _____

Total Charges \$ _____

Less Financial Aid \$ _____

Total amount of contract \$ _____

Two equal payments in the amount of* \$ _____

***FIRST PAYMENT MUST INCLUDE THE \$25 SERVICE CHARGE**

Student Signature _____ Date _____

Payment by credit card : VISA Mastercard Discover

Card # _____ Exp date _____ Security code _____

I authorize payments to be made by the schedule due dates below.

Student Signature _____ Date _____

	<u>1st Payment*</u>	<u>2nd Payment</u>
ALL PROGRAMS	April 27	May 27
INCOMING DPT-TRANSITIONAL	June 1	July 1