



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
 FALL Semester 2020**

There is a \$25 fee to enroll in the Monthly Payment Plan. Please complete this form and return it to the Bursar's Office. ***Include the \$25 fee with your first payment. Please note you must be enrolled in at least 9 credit hours to be eligible and if you should drop below 9 credit hours after enrolling, payment is due in full. If paying by check, please make your check payable to: SUNY Upstate Medical University.**

Student Name: _____ Student ID No.: _____

Daytime Phone# _____ PROGRAM/YR _____

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

Geneva Towers \$ _____

Total Charges \$ _____

Less Financial Aid \$ _____

Total amount of contract \$ _____

Four 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. Billing Zip Code _____

Student Signature _____ Date _____

	<u>1st Payment*</u>	<u>2nd Payment</u>	<u>3rd payment</u>	<u>4th Payment</u>
3 rd & 4 th Year Medicine	May 15	June 15	July 15	Aug 15
1 st & 2 nd Year Medicine	July 30	Aug 30	Sept 30	Oct 30
All other Programs	Aug 14	Sept 14	Oct 14	Nov 14