

**MONTHLY PAYMENT PLAN AGREEMENT**  
**FALL Semester 2023**

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>1<sup>st</sup> Payment*</u>	<u>2<sup>nd</sup> Payment</u>	<u>3<sup>rd</sup> payment</u>	<u>4<sup>th</sup> Payment</u>
All Programs (Other than Med)	Aug 18	Sept 18	Oct 18	Nov 18