

MONTHLY PAYMENT PLAN AGREEMENT
FALL Semester 2024-Medicine

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 27	June 27	July 27	Aug 27
MEDSET	June 14	July 14	Aug 14	Sept 14
MS II (3 Yr Program)	May 10	June 10	July 10	Aug 10
MS I & MS II	July 19	Aug 19	Sept 19	Oct 19