



**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 2024**

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 16	Sept 16	Oct 16	Nov 16