



**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  
 SPRING Semester 2025**

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>2<sup>nd</sup> Payment</u>	<u>3<sup>rd</sup> Payment</u>	<u>4<sup>th</sup> Payment</u>
ALL PROGRAMS	Dec 27	Jan 27	Feb 27	Mar 27