



MESALANDS COMMUNITY COLLEGE

2019-2020 DEFERRED PAYMENT PLAN APPLICATION

Complete and return this application *ONLY* if you choose to pay in monthly installments. If you will pay in full each this semester, you *DO NOT* need to return this application. Payment plans do not carry over to the next semester, you must reapply.

Payment plans will only include tuition, fees, and books. Supplies will only be included in a payment plan that has been approved by the Business Manager or the Director of Business & Auxiliary Services.

Payment Plan Approval: _____

DEFERRED PAYMENT PLANS

(Payment of the application fee must accompany this application)

<u>Payment Plan</u>	<u>Payment Period</u>	<u>Payment Due</u>	<u>Payment Amt.</u>	<u>Non-Refundable App. Fee</u>
3 Monthly Payments	January 2020 - March 2020	January 16, 2020		\$30.00
		February 14, 2020		
		March 13, 2020		

STUDENT INFORMATION

Student Name _____ Student ID# _____
(First) (MI) (Last)

Birthdate _____ Driver's License# _____ State _____

Local Address _____ City _____ State _____ Zip _____

Off-Campus Address _____ City _____ State _____ Zip _____

Email address _____ Telephone _____

PARENT/SPOUSE/GUARDIAN CONTACT INFORMATION

Contact Person	Name	Address	City, State Zip	Home Telephone	Cell Telephone
Mother					
Father					
Spouse					
Legal Guardian					

Default: If I fail to make any payment required by this plan when due, the entire balance shall become due and payable without notice and on demand. You agree to pay on demand all costs and expenses of collection including reasonable collection agency and attorney fees incurred or paid by the College in attempting to enforce payment of this Plan.

A late fee of \$10.00 will be required for each defaulted payment. This fee will be applied to your account the following day the payment is due.

In the event I default on one of the required payments, I will not be allowed at ANY time in the future to set up a Deferred Payment Plan with Mesalands Community College to pay for tuition, fees, books, or supplies.

In the event I default, the College has the right to deny my attendance to class, to register/enroll at the College, and/or withhold my transcripts until the default is cured.

By signing this form I agree that in the event that my payments are delinquent that my parent, guardian or spouse may be contacted for purposes of locating me. I hereby certify that the above information is true and correct to the best of my knowledge.

Signature _____ **Date** _____

If you have any questions, please contact the Business Office at (575) 461-4413 ext. 110