

DEFERRED PAYMENT AGREEMENT

*** You must be enrolled in 6 or more academic credits to qualify for a deferment ***

I hereby request a deferred payment for registration fees for the **spring 2010** term.

Student Name: _____ **Student ID:** _____

Telephone: _____ **Second Telephone:** _____

E-mail: _____

Tuition Due: \$ _____

Fifty percent of current tuition fees: \$ _____

I agree to pay all remaining fees in full no later than **March 5, 2010**, or to be paid by Financial Aid prior to this date. I understand that a penalty fee of 10% (minimum \$10.) shall be charged if my fees are not paid by this date. I further understand that failure to meet said deadline will result in my account being placed on "**financial hold**" that will deny me further registration, transcripts, grades and/or graduation.

TO HAVE THE BALANCE OF YOUR FEE AUTOMATICALLY CHARGED TO YOUR CREDIT CARD BETWEEN 03/01/2010 AND 03/05/2010 CHECK THE BOX, ENTER YOUR CARD INFORMATION AND SUBMIT WITH SIGNATURE TO THE CONTROLLER'S OFFICE.

YES

Credit Card Number: _____ **Exp. Date:** _____

Student Signature: _____ **Date:** _____

The Controller's Office CANNOT accept less than 50% of total tuition due. If you pay less than 50% your payment will be returned to you.