**PAYMENT AGREEMENT FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name: |  | Student ID: |  |
| Address: |  | Phone: ( | ) |
| City: | State: | Zip Code: |  |

* Complete this form and submit to the GRCC Cashier's Office.
* The initial payment is due with submission of this form.
* It is the student's responsibility to keep this payment arrangement, regardless of receiving a monthly bill.

***I fully understand and agree to the following. All boxes must be checked.***

I will make payment(s) on my past due account for the\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Semester.

I agree to pay the amount of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(min. $50) per month until account is paid in full.

I will make payment(s) by the\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_of each month.

All statements made by me are true and correct.

If I do not make continuous payments or pay my past due account in full, my account will be turned over to a collection agency at additional cost to me.

Student Signature: Date:

Cashier Staff Signature: Date:

Comments (SFAC - SFAGRE)