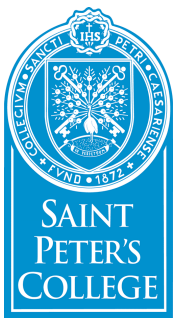


Saint Peter's College Fall 2012 Payment Plan Promissory Note



Name _____ Spirit ID# _____
 Last First Middle
 Student E-mail _____ Phone # (____) _____

Select payment option that corresponds to your

<input type="checkbox"/> Fall Semester Aug 29-Dec 19/20 Payment due dates: Aug 17, Sep 15, Oct 15, Nov 15 & Dec 15	<input type="checkbox"/> Fall Quad 1 Sep 4-Oct 27 Payment due dates: Aug 27 & Oct 8 (SPCS UG)	<input type="checkbox"/> Fall Quad 2 Oct 29-Dec 21 Payment due dates: Oct 22 & Dec 4 (SPCS UG)	<input type="checkbox"/> Fall Trimester Sep 4-Nov 19 Payment due dates: Aug 24, Oct 15 & Nov 15	<input type="checkbox"/> Nursing Express Fall 1 Sep 4-Oct 23 Payment due dates: Aug 27 & Oct 8 (SPCS UG)	<input type="checkbox"/> Nursing Express Fall 2 Oct 30-Dec 18 Payment due dates: Oct 22 & Dec 4 (SPCS UG)
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Total Amount Due: (see account statement or go to www.spc.edu/spirit) → \$ _____ divided by # of payments _____ = \$ _____ (monthly payments)

+25.00 Installment Fee

Total 1st Payment \$ _____

I authorize Saint Peter's College to charge the credit card number listed below \$ _____ on the due date or first business day thereafter for the term for which I am selecting this payment plan. I understand and agree this authorization will remain in effect until Enrollment Services receives a written notification of cancellation. Enrollment Services must receive this notification at least 10 days in advance of the next payment due date.

Card Number _____ Exp Date _____ / _____ VCODE _____

 Name as it appears on card

 Authorized Signature

*Payments by cash, checks and/or money order can be accepted with this payment plan

I understand that failure to make the payments called for in the payment plan option(s) I have selected above will prevent me from registering for future terms, receiving grades and obtaining a copy of my transcript. It will also affect my ability to view my information online until my outstanding balance is paid in full. I accept responsibility for payment of all charges in connection with the above payment plan, including penalties and collection charges should my account become delinquent. I also accept responsibility for acquainting myself with the due date of the payment plan and if that payment is not paid I will receive a \$30 late fee.

Student Signature _____ Date _____