

Saint Peter's College **SPCSO** Quad 2012SP1 Payment Plan Promissory Note



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

Select payment option that corresponds to your term:

SPCSO Spring Quad 1
 Jan 18- March 13
 Payment due dates:
 Jan 17 & Feb 27

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 the 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** _____

Jersey City *2641 Kennedy Blvd *Jersey City NJ 07306 * Fax 201-761-6051/ Englewood Cliffs*333 Hudson Terrace*Englewood Cliffs NJ 07632 * Fax 201-568-6614
 Web Payment via Spirit Online www.spc.edu/spirit