GRCC Payment Agreement Form

Instructions

- Complete this form and submit it to GRCC Student Financial Services.
- The initial payment is due with submission of this form.
- It is the student's responsibility to keep this payment arrangement. Please refer to your My Bill for outstanding balance.

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Student Name:	Student ID N	lumber:
Street Address:		
City:	State:	ZIP:
Preferred Email:	Phone:	

Payment

Minimum monthly payment based on balance due:

Balance Due	Minimum Monthly Payment Required
\$1–\$600	\$50
\$601-\$1,000	\$75
\$1,001-\$2,000	\$100
\$2,000 or more	\$150

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

I will make payment(s) on my past due accoun	nt for the semester selected:	Fall	Winter	Summer
I agree to pay the amount of \$(se	ee above for min. payment due	e) per mo	nth until acc	ount is paid in full.
I will make payment(s) by the (date)of	each month.			
All statements made by me are true and co	rrect.			

I give GRCC permission to contact me using the information provided above.

I understand if I fail to uphold the terms of this agreement my account may be turned over to a collection agency at an additional cost to me and/or my enrollment may be restricted until my balance is paid in full.

NOTE: If your past due balance is \$375 or less you will be eligible to enroll. Please allow two business days for us to process your form. For questions reguarding past due balances or the payment agreement please contact Student Financial Services at (616) 234-4020 or studentbilling@grcc.edu.

Student Signature:	Date:
Student Financial Services Staff Signature:	Date:

SFS Office Use Only

(SFAC–SFAGRE) Added IPP Indicator

Submission Instructions

You must return this form in one of the following ways:

Return to: GRCC Student Financial Services
Raleigh J. Finkelstein Hall, 1st Floor

143 Bostwick Avenue NE Grand Rapids, MI 49503-3295

OR email to: studentbilling@grcc.edu



Scan for billing information.

