GRCC 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)

GRCC Cashier’s Office – Email: cashier@grcc.edu Phone: (616) 234-4020 Fax: (616) 234-4367