

GRCC Payment Agreement Form

Student Name: _____ **Student ID #:** _____

Address: _____ **Phone:** (_____) _____

City: _____ **State:** _____ **Zip:** _____

Email Address: _____

- 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

