

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.

Student Information

Student Name: _____ Student ID Number: _____

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 account for the semester selected: Fall Winter Summer

I agree to pay the amount of \$_____ (see above for min. payment due) per month until account is paid in full.

I will make payment(s) by the (date)____ of each month.

All statements made by me are true and correct.

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

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.

NOTE: You will not be able to enroll in future classes or receive academic transcripts until your past due balance is paid in full.

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.