

GRCC Payment Agreement Form

Instructions

- 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. Please refer to your eBill for outstanding balance.

Student Information

Student Name: _____ Student ID Number: _____
 Street Address: _____
 City: _____ State: _____ ZIP: _____
 GRCC Student Email: _____ Phone: _____

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 \$ _____ (minimum \$50) 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.

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: _____

Cashier's Office Use Only

(SFAC—SFAGRE)

Submission Instructions

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

Print and mail OR return to: Cashier's Office
 143 Bostwick Avenue, NE
 Grand Rapids, MI 49503-3295

OR FAX to: (616) 234-4367

OR scan/email to: cashier@grcc.edu

