



Washington State
COMMUNITY COLLEGE

Winter 2010

FEE PAYMENT NOTE

Student ID: _____

Fax: 740-376-0257

Attn: Business Office

Student's Name _____

Phone Number _____

Enter information in table below.

A. Balance of tuition and fees
(This amount is your total tuition and fees less any financial aid to which you are entitled.)

A.	\$ _____ , _____ . _____
Divided by 3	
B.	\$ _____ , _____ . _____

B. Payment amounts (line A ÷ 3 rounded to nearest whole dollar)

(The Official payment plan amounts will be mailed to you after processed – please check WebAdvisor under “View My Payment Plan Schedule” for current amounts.)

\$15 deferred payment plan service charge due at time of processing.

Payment Due Date: November 20, 2009 January 15, 2010 February 5, 2010
Payments must be received by 12:00 (noon) the day prior to payment due date

I agree to pay Washington State Community College the amount shown on the scheduled dates. I understand that failure to pay will result in future registration of courses being denied and/or accounts balances being certified to the Attorney General of Ohio.

NOTICE TO VETERANS: The veteran, not the Veteran’s Administration, is responsible for payment of the debt as scheduled.

Cut-off Time – This form must be received by 12:00 (noon) on the day prior to the published payment deadline for the payment plan to be honored. If it is received after the cut-off your scheduled could be deactivated for non-payment.

This agreement is not active until it is received and processed by the business office staff.
No payment Reminders will be sent and if payment is paid late a \$25 Fee will be automatically applied.

Student’s Signature _____

Date _____

PAYMENT INFORMATION

Master Card ____ VISA ____ Discover ____

Number _____

Expiration Date: _____

Card Holders Signature _____

Payment Amounts	
Deferment fee \$15*	
+ Payment Amount	
Total Payments	
*\$15 deferred payment plan service charge due at time of processing	