

Alfred State College

SUNY College of Technology

Authorization for Monthly Payment Plan (MPP)

I _____, 800# _____, hereby promise to pay to the
 Please print student's name legibly

order of Alfred State College \$ _____ for charges deferred for the **Spring 2009** semester.
Total Budget

I will make payments as follows:

Select your payment method:

Credit card (must fill out 2nd form)

Certified check
 Cash
 Money order

	Amount	Date to be paid by	Date paid <small>For Office Use Only</small>
Enrollment Fee:	\$25	Due upon MPP Enrollment	_____
	_____	December 15, 2008	_____
	_____	January 15, 2009	_____
	_____	February 15, 2009	_____
	_____	March 15, 2009	_____

By signing below, I certify that I have read and agree with the terms and conditions of the Monthly Payment Plan. I further understand that if the above payments are not paid as specified, I will be dropped from the plan and a hold will be placed on my account, late fees will be added, and enrollment and/or future registration may be affected.

 Signature _____
 Date

****** Please note: signing up for the MPP does not process your bill. You still need to process your bill after Students Accounts approves your plan. ******

Please provide a phone number and contact name for any problems with the above Monthly Payment Plan:

Please print contact's name: _____

Phone # for contact: _____