

Colgate Rochester Crozer Divinity School

EXTENDED PAYMENT APPLICATION

School for Christian Leadership

I understand that upon registering for classes at CRCDS, I became financially responsible to pay all charges for tuition and fees. I understand it is my responsibility to know the tuition payment due date and pay my account balance by this date each term. I understand that a past due balance may be subject to a \$50 per month late fee. I understand that if I do not pay my student account balance in accordance with the terms in the Student Handbook, I may be responsible for all costs of collection including but not limited to late fees and litigation expenses. I have read and agree to the terms and conditions of this statement.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home () _____ Work () _____

Social Security Number: _____ Date of Birth: _____

Email: _____ Amount to extend: _____

Please detail your proposed plan with dates and amounts below.

I understand there is a \$50.00 enrollment fee for payment plans extending beyond January 1.

Signed: _____ Date: _____

Bursar's Office Approval: _____

Payment Amounts and Dates

(Please provide exact dates – payments should be made no less than once per month)

First payment (by 9/1) _____ - MUST include \$250 deposit

Proposed plan for remaining payments:

Installment payments not received by the due date will be assessed a \$50 late charge per month until the account is current.

Payment by Credit Card

I authorize Colgate Rochester Crozer Divinity School to charge my credit card account as noted above.

Account Number: _____ Security Code: _____

Expiration Date: _____ Billing Address if different from above: _____

Signed: _____ Date: _____

Return to Patty Keenahan – Finance Office, 3rd floor, fax 585-271-1477 email pkeenahan@crcls.edu.