



Payment Plan Request/Promissory Note

 Name of Student SS#

 Address City State Zip

(_____) _____
 Telephone Program

I, _____, promise to pay WCCC \$ _____.

Term/Semester Attending: Summer Fall Spring Year: 20 ____

Upon approval, payments on your account may be made in the following manner:

Fall/Spring Semester Summer Semester: 1/3 Payment due no later than first day of class. 1/2 Payment due no later than first day of class. 1/3 Payment due thirty (30) days from date of first payment. 1/2 Payment due thirty (30) days from date of first payment. 1/3 Payment due sixty (60) days from date of first payment

If approval is granted, this promissory note is a schedule of your payments. Failure to comply with this schedule will result in the cancellation of this payment plan and all outstanding balances will be due. Refunds of any overpayment of financial assistance will be made by WCCC in accordance with federal regulations as stated in the Student Handbook. Upon reviewing this information, any questions can be answered by calling student accounts receivable at 1-800-210-6932 or (207) 454-1025. Please sign and return this form with your first payment to the Business Office at Washington County Community College, One College Drive, Calais, ME 04619. Attention: Student Accounts Receivable.

NOTICE: Academic, disciplinary dismissal, or violation of this promissory note will end your eligibility for a payment plan. WCCC reserves the right to turn any and all outstanding balances over to our collection agency, in which case you will be responsible for any and all legal costs as well as your outstanding balance.

 Student Signature Printed Name Date

Business Office Use Only

Fund Sources:

Pell \$ _____
 SEOG \$ _____
 Student Loans \$ _____
 Scholarships \$ _____
 Parents \$ _____
 Other \$ _____

Request approved by: _____

 Certifying Official Date Approved