



Payment Plan Agreement

Student #: _____ Student Name: _____

Semester: FALL SPRING

Terms of Payment Plan/Financial Extension Agreement:

Amount Owed: _____
MUST BE 6 CREDIT HOURS OR MORE

Amount Paid: _____
MUST BE 50% OF THE BALANCE DUE

Balance Plus \$25 fee: _____ Due on: March 16, 2009

By my signature, I understand that I must comply with the payment arrangements set forth in this agreement. I understand that if I change my plans and decide not to attend BCCC, I must notify the Admissions Office in writing prior to the start of the semester in order to receive a 100% reduction in tuition and fees. If this is not done, I understand that the billing must be paid and is also subject to late and other fees if not paid by the due date. I also understand that a \$25 fee will be charged to my account for this convenience.

Student Signature Student Accounts Office Staff Date

Student Accounts Office (215) 968-8039, Room 104 HUB, Pemberton Hall
Fax Number 215-497-8738