

Student Information:Student Name: _____
Last Name First Name Student #

Email: _____ Phone # _____

Mailing Address: _____

Program: _____ Campus: **I am unable to pay my full fees at this time for the following reason(s):**

_____**Payment Plan (a new plan is required every term)** Fall Winter Spring Summer

A down payment of 25% is required.

Amount Owing: _____
x 25% (Down Payment) _____
+ Late Fee (if not already included above): _____
Due Now: _____
Balance Owing: _____**Payment Plan Options on Balance Owing** payments of (due on the 15th or 30th of the month divided over the remaining months in the payment period)Lump Sum Payment of on **In no case will payment period be extended beyond November 15th (for Fall Term Installment) or March 15th (for Winter Term Installment).**

In the event that I default on this Payment Plan Agreement, I understand that the College will resume normal collection process and procedures including but not limited to:

- * Removal of Information Technology (IT) Services
- * Withdrawal/Cancellation from Courses & Programs
- * Withholding of Credentials
- * Prevention from Registration/Enrollment in Future Academic Terms
- * Will not be granted another payment plan.

I have discussed my financial situation with a representative of my Student Services Center and I have read and fully understand the above.

Student Signature _____ Date: _____

Approval not valid until signed by a manager, Student Service Center

Print Name _____ Signature _____ Date: _____

Service indicator 021 Internal Payment Plan applied by SSR has confirmed Late Payment Fee **Copy of this form must be sent to your campus Associate Registrar. Copy of this form to be sent to AR@nbcc.ca.**

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