



PAST DUE BALANCE PAYMENT FORM

The purpose of this form is to make an agreement with Cayuga Community College to make payments on a Past Due Balance. By filling out this form you are agreeing that you will make the payments that you have set up and if you can't, that you notify the college Business Office. Failure to make payments or notify the Business Office if payments can't be made will result in default of this plan. I understand that if I default, my account will be forwarded to a collection agency. I understand that I will be responsible for my principal balance and all collection fees associated with my account.

Name (please print) _____

Address _____

City _____ State _____ Zip code _____

Phone Number _____

I, _____ (your name), realize I owe Cayuga Community College from a past semester. I agree to make payments of \$ _____

_____ weekly _____ every 2 weeks _____ monthly

(Please check one of the above)

Signature _____ Date _____

PLEASE FILL OUT, SIGN, AND DATE THIS FORM. FIRST PAYMENT MUST BE INCLUDED FOR PLAN TO BE VALID.

MAIL TO

CAYUGA COMMUNITY COLLEGE, ATTN BUSINESS OFFICE,

197 FRANKLIN ST., AUBURN, NY 13021