



PAYMENT PLAN AGREEMENT

A FORM MUST BE SUBMITTED FOR EACH TERM NO LATER THAN TUITION DEADLINE

DATE: _____ STUDENT ID NUMBER: _____

STUDENT NAME: _____ ACM E-MAIL ADDRESS: _____

ADDRESS: _____

CITY/STATE/ZIP: _____ TELEPHONE: _____

PAYMENT PLAN AGREEMENT SHOULD NOT BE MADE UNTIL REGISTRATION IS COMPLETE.

- I agree to pay Allegany College of Maryland all payments incurred for tuition, fees, and applicable charges when due.
- I understand that the monthly payment agreement will be established for one semester at a time.
- I understand and agree that failure to pay my account in full by the due date will result in my not being allowed to register for classes, receive transcripts, or receive a diploma; also, my account will be referred to an outside collection agency when the term has ended.
- I understand that withdrawal from Allegany College of Maryland does not release me from my financial obligations to the college.
- I understand that I will be charged a \$25 payment plan fee.
- I understand that I will be charged a \$50 late fee if my balance is not paid in full by October 24th.

Signature of Student _____ Date _____

Signature of Parent (if Student is under 18) _____ Date _____

Signature above indicates my understanding and acceptance of the monthly payment agreement.

Return this form to:

Allegany College of Maryland
Business Office
12401 Willowbrook Road, SE
Cumberland, MD 21502 – 2596
Fax: (301) 784 - 5087

Semester	Fall 2012
Payments to be on the following dates:	
First Payment – One-Third of Balance Due	August 24 th , 2012
Second Payment – One-Third of Balance Due	September 24 th , 2012
Third Payment – Remaining Balance	October 24 th , 2012

BUSINESS OFFICE USE:

Business Office Representative: _____ Date: _____