60 West Street
New York, NY 10006
Tel. 212.343.1234 Ext. 5002
Facsimile: 646-613-2986
Bursar'soffice@mcny.edu

METROPOLITAN COLLEGE OF NEW YORK

❒ Summer _____
❒ Fall _____
❒ Spring _____

PAYMENT PLAN CONTRACT

Last Name | First Name | Middle | ID Number

Address | City | State | Zip

Email | Home Number | Cell Number

The delinquent account balance(s) is $ _____ from the _____ term(s).

I understand that the first payment must be made when the form is completed, in order to be approved for the Emergency & Disaster Management Online payment plan contract.

I understand that if I miss two consecutive monthly payments, this agreement will be terminated, and my account may be transferred to an external collection agency for collection on this delinquent account.

I understand that if my account is transferred to an external collection agency, I will be liable for my delinquent account balance, and all collection fees incurred.

I understand that should I fail to pay as agreed; the College will prohibit future registrations and encumber my grades and transcript.

I agree to pay total amount owed: ☐ weekly ☐ biweekly ☐ monthly

Total Amount Owed (Please see attached bill) **$_____**

Payment Date	Payment Amount	Balance
/ /	$	$
/ /	$	$
/ /	$	$
/ /	$	$
/ /	$	$

I agree that the above schedule of payments is an acceptable resolution to help retire my debt with the Bursar's Office at Metropolitan College of New York, and I will remain current with this payment plan.

Student's Signature: _____ **Date:** _____

Bursar's Office: _____ **Date:** _____

NOTE: THE FIRST PAYMENT IS DUE WHEN FORM IS COMPLETED