

BUNKER HILL COMMUNITY COLLEGE PAYMENT PLAN ENROLLMENT FORM- FALL 2008 SEMESTER

(Please print)

Please enroll me in the BHCC Payment Plan

BHCC ID Number: _____ Social Security Number: _____ Today's Date: _____

(Can be found on student's registration statement or bill)

Student's Name: _____ Date of Birth: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ E-Mail Address: _____

Parent or Guardian Name: _____ Social Security Number: _____

(Required if student is under 18 years of age)

Total Amount of Plan: # of Credits _____ X cost per credit _____ + High cost course fees _____ = \$ _____

*Plan amount is from your registration statement / bill minus health insurance fee. The monthly payment plan is available for students enrolled in at least 6 credits. Students must be in good standing on prior arrangements in order to participate in current and future payment plans. Your Non-Credit, Mini-Semester and Learning Contract Courses, Malpractice and Health Insurance Fees cannot be included in your Plan and must be paid in full directly to Student Payment Office upon registration. If you have comparable health insurance coverage except free care, you must complete the waiver form on line at www.universityhealthplans.com upon registration. Instructions to waive are on line at <http://bunkerhillonline.com/inside/577>. If the amount on the plan is different from registration statement and monthly statements, or if you add or drop classes, or if you receive a financial aid award letter from the Financial Aid Office, you must notify the Student Payment Office immediately, in order to avoid late fees and penalty. This serves as your bill, in addition to your registration statement and follow up monthly statements. **Failure to receive a follow-up bill does not relieve responsibility for timely payment.** Students are responsible for having their address updated with the Registrar's Office. Failure to make scheduled payments with the Student Payment Office will cause the account to be considered delinquent.*

Your Monthly Payment Schedule Will Be:

| Starts | divide by | Starts | divide by | Starts | divide by | Starts | divide by | Starts | divide by |
|---------|-----------|--------|-----------|---------|-----------|---------|-----------|---------|-----------|
| 4/10/08 | 6 | 5/9/08 | 5 | 6/10/08 | 4 | 7/10/08 | 3 | 8/08/08 | 2 |

Amount of Plan ÷ _____ = One Monthly Payment \$ _____
 Plus: Payment Plan Set Up Fee (Non-Refundable) \$ 35.00
TOTAL AMOUNT ENCLOSED DUE NOW \$ _____
NEXT PAYMENTS DUE on or before:
 4/10/08 \$ _____ 5/9/08 \$ _____ 6/10/08 \$ _____ 7/10/08 \$ _____ 8/8/08 \$ _____ 9/10/08 \$ _____
 Date _____ Amount: \$ _____

PAYMENT METHODS:

Cash: \$ _____ Check/Money Order: \$ _____ Check # _____ Approval Code: _____ Credit Card: \$ _____

Account Number: MasterCard: _____ Expiration Date: _____ Security Code: _____ Back of card
 Visa: _____ Expiration Date: _____ Security Code: _____ Back of card
 Discover: _____ Expiration Date: _____ Security Code: _____ Back of card
 American Express: _____ Expiration Date: _____ Security Code: _____ Front or back of card

Cardholder's Name (PRINT) _____ Cardholder's Signature _____ Date _____

Please make check payable to BHCC (include SS# or ID# on check) and mail or bring to: BHCC Student Payment Office, 250 New Rutherford Ave., Room B219, Boston, MA 02129. You may also fax this form to the Student Payment Office to 617-228-2447. Your first payment **must** be included with the application. Future payments must be mailed to the address above or call 1-866-519-0785 to pay by phone. If you have any questions, you may contact us by calling 617-228-2150 or via email at bursar@bhcc.mass.edu

Important Agreement and Notice

I understand that this is my first monthly payment due now and subsequent payments are due on or before the 10th of each month. I understand that I will be charged a late fee of \$25.00 if payments are not received on or before the 10th of each month. I understand that if I default on my payment plan arrangement I will not be allowed to enroll in the payment plan for future semesters, additionally failure to pay by the due date will result in the entire balance being accelerated and due in full immediately. The balance will be automatically assigned to a collection agency and referred for State Intercept and I will be responsible for all collection, processing and legal fees. A hold will also be placed on my academic records and grades.

Student's Signature _____ Date _____

(Required)

Parent/Guardian's Signature _____ Date _____

Required if student is under 18 years of age)