

GRCC Payment Agreement Form

Student Name: _____ Student ID #: _____

Address: _____ Phone: () _____

City: _____ State: _____ Zip: _____

GRCC Email: _____

- Complete this form and submit to the GRCC Cashier's Office.
- The initial payment is due with submission of this form.
- It is the student's responsibility to keep this payment arrangement, regardless of receiving a monthly bill.

I fully understand and agree to the following. All boxes must be checked.

☐ I will make payment(s) on my past due account for the _____ Semester.

☐ I agree to pay the amount of _____ (min. \$50) per month until account is paid in full.

☐ I will make payment(s) by the _____ of each month.

☐ All statements made by me are true and correct.

☐ If I do not make continuous payments or pay my past due account in full, my account will be turned over to a collection agency at additional cost to me.

Student Signature: _____ Date: _____

Cashier Staff Signature: _____ Date: _____

☐ Comments (SFAC – SFAGRE)

GRCC Cashier's Office – Email: cashier@grcc.edu Phone: (616) 234-4020 Fax: (616) 234-4367