MOUNT ST. MARY'S COLLEGE

Business Office

FALL 2011 DPT Clearance Form

Please complete and return this form to the Business Office with your payment, only if there's a balance due on your Account. The Financial Clearance Deadline to clear your account and submit this Payment form is **August 05, 2011.** Students who do not clear their balance by the deadline will be assessed a ***$100 late fee***. If you do not clear your account either by payment in full or payment plan, after the first day of class (**August 23, 2011)** another $100 late fee will be assessed, for a total late fee of ***$200*** assessed to your account. Students who do not clear their accounts may be dropped from classes and a restriction will be placed on the Account. Faxed Payment Forms and/or electronic format will be accepted.

Name _____ MSMC ID# _____
(Last) (First)

Address _____ Phone ( ) _____
(Street)

_____ Email_____
(City) (State) (Zip)

Tuition Fee (____ Units x $736)	
College Services Fee	$ 473.00
Health Insurance (Circle One) Yes or No	$ 498.00
Federal Subsidized Stafford & Unsubsidized Stafford Loan**	
Alternative Loan	
Grant(s) & Scholarship(s)	
Total Amount Due* or <Refund Amount>	

*** Calculate Financial Aid Loans at 97% of the amount shown on your award letter.*

***Please check option(s) for Method of Payment:**

___1. A Check/Money Order/CASH is enclosed for the balance due.
___2. Please charge my VISA/MasterCard/Discover /AMX Card as follows:

Card # _____ Expiration Date _____*CV_____

Amount $ _____Name on Card _____

Authorized Signature _____
***CV IS THE LAST 3 DIGITS BEHIND THE CARD**.

___ 3. I have requested to make payments towards the balance due for $ _____, which constitutes the balance owed to Mount St. Mary's College for the Fall 2011 semester after loans, grants and scholarships.

It is understood that:

- If the student withdraws from the college prior to final payment, the Maker will be responsible for the amount due in accordance with the College's policy of Withdrawal Charges.
- The Maker is responsible for making payments on time if paying via monthly installments.
- The Maker shall pay any and all reasonable costs of collection incurred by the College occasioned by default of the Maker. In the event that an action is brought by the College to enforce the terms of this agreement, the Maker shall pay all costs thereof, including but not limited to attorney fees.
- I have read, understand, and agree to the terms of this Clearance Form.

Signature _____ **Date** _____

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