



PAYMENT PLAN APPLICATION

Semester: _____

Please Remit to: Business Office; Attention: Accounts Receivable
2500 College Drive, Rock Springs, WY 82901
For questions please call: (307) 382-1684

NAME: _____ Social Security Number: XXX-XX-_____

ID: _____ BIRTH DATE: _____ PHONE NUMBER: _____

BILLING ADDRESS: _____

Street

Apartment

City

State

Zip Code

As a student enrolled in 6 or more credits, I request that my tuition, fees, room and board costs be placed on a payment plan. I understand that all payments must be paid by the due date or a late fee will be applied. I further understand that there is a one-time cost per semester set up fee for this plan of \$50.

Once the plan is started, the balance is due regardless of whether I unofficially stop attending classes.

BALANCE DUE: _____

FINANCIAL AID: _____

PAYMENT PLAN FEE: **\$50**

TOTAL BALANCE: _____

PAYMENT PLAN

Payment Date: _____

Payment Amount: _____

Payment Date: _____

Payment Amount: _____

Payment Date: _____

Payment Amount: _____

Payment Date: _____

Payment Amount: _____

Payment Date: _____

Payment Amount: _____

Payment Date: _____

Payment Amount: _____

If my account is not paid in full, I understand that the College may hire a collection agency to take action. If my account is assigned to a collection agency, I understand that I am responsible for all attorney fees, court costs or delinquency fees that may be incurred during the collection of my debt. I understand that the delinquency fee will be equal to 50% of the principal amount owed.

Signature of Student _____ Date _____

Signature of Parent (if under 18) _____ Date _____

OFFICE USE ONLY:

Set up Date/Invoice number/Initials: _____