

## DEFERRAL APPLICATION AND PROMISE TO PAY Term: Spring 2018

Office of Student Accounts and Bursar Se	• (718) 862-7961 • email: studentaccounts@manhattan.edu
Last Name:	First Name:
ID #: -	-
Email: * Mandatory field	Day Phone: ( ) -
(List current outstanding balance.	ayment deadline in the amount of <b>S</b> , •
aid or loans)	
	ppropriate box and provide details) y payment must be submitted with this form.
	documents must be submitted and balance minus expected aid must be paid
	ent. Documents submitted to financial aid on///
Loan pending	
Type/lender:	Promissory note completed on:
	ENT & MPN must be completed and for PLUS, Approval and MPN required)
Waiting for funds to be av	ilable (please be as specific as possible and submit 3 <sup>rd</sup> party documentation
Fund source/ amo	unt: Date anticipated:
Other:	

This DEFERRAL AND PROMISE TO PAY, if approved, is my personal obligation. Signing this statement obligates me to make payment in full by the agreed date, the Spring 2018 deferment deadline is Feburary 28, 2018. If my request is based on anticipated financial aid or other funding, failure to receive such funds does not excuse my financial obligation to make payment in full of the amount shown or the balance on my student tuition account, whichever is greater. I understand my student tuition account will be charged a fee of \$100 to execute this agreement, and it must be paid in advance or at the time of the deferral application. Only deferrals accompanied with the \$100 fee can be processed. Deferrals can be processed in person or faxed with a credit card payment authorization form (see last page for details). \* Even if my payment is initially processed, I understand that final approval of my deferral will be made by the Bursar and my approval will be emailed to me by the start of the semester.

This deferral, when approved, serves as a PAYMENT ARRANGEMENT for the term noted above and you will not be dropped or disenrolled from your courses. Non-attendance does not constitute reversal of tuition/fees liability. When this document is processed by the Office of Student Accounts and Bursar Services, the student incurs full liability for the amount shown herein or the total balance of the term account, whichever is greater. Failure to pay this account by the approved deferral due date will result in the imposition of additional fees and a block on student's records, grades, transcripts and future registration at Manhattan College. Please note the College charges a 1% interest penalty per month, on any balance greater than thirty days.

I fully understand the terms and conditions of this DEFERRAL AND PROMISE TO PAY and fully accept this debt as my personal responsibility. I will make payment in full on or before the agreed deferral due date assigned by the Office of Student Accounts and Bursar Services. I further understand, and agree to reimburse Manhattan College the fees of any collection agency, which may be based on a percentage at a maximum of 40% of the debt, and all costs and expenses, including reasonable attorneys' fees, incurred by Manhattan College in such collection efforts. Furthermore, I authorize Manhattan College and/or its agents to contact any school, employer or other parties to obtain information concerning my status or other information necessary in the collection of any debt owed the college. Also, I agree that by providing my mobile phone number, I authorize Manhattan College and their agents to contact me regarding payment matters.

Student Signature/Date

Parent Signature/Date

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**Bursar Authorization/Date** 



## Deferral Applications can be filed:

- In person- visit the Office of Student Accounts and Bursar Services in Miguel Hall, Room 100
- Email- send as a scanned PDF attachment to <u>StudentAccounts@manhattan.edu</u>

## Submit these two pages along with:

- (1) The complete application with **student signature** and a **valid email address** -Parent signature optional. MC email address will be used as the default method of communication.
- (2) Payment of **\$100** use the credit card authorization form below if faxing/scanning:

## MANHATTAN COLLEGE CREDIT CARD PAYMENT FORM (Please print)

Social Security Number		St	Street Address				
Student Name		<u>Ci</u>	ty		State	Zip Code	
Select Card Type:	мс	VISA	AMEX	DISCO	VER		
/ Expiration Date		Number			Credit	 Card Number	
\$ Charge Amount	_	Print Nam	e as it appears	on card:			
			Cardhol	der's Signa	ture:		