



Payment Plan Application

Semester: _____

Please Remit to : Registration and Records; Attn: Accounts Receivable
PO Box 428, Rock Springs, WY 82902
For questions please call: (307) 382-1659

NAME: _____ **SOCIAL SECURITY #:** _____ - _____ - _____

ID: _____ **BIRTH DATE:** _____ **PHONE #:** _____

BILLING ADDRESS: _____

Street

Apartment

City

State

Zip

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 \$50.00.

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

Balance Due: _____

Other: _____

Set-up Fee: \$50.00

Total Due: _____

PAYMENT PLAN

Deposit Due Date: _____ Amount: _____ Balance for Payments: _____

Payment 1, Date: _____ Amount: _____ Late Fee Date/Invoice #: _____

Payment 2, Date: _____ Amount: _____ Late Fee Date/Invoice #: _____

Payment 3, Date: _____ Amount: _____ Late Fee Date/Invoice #: _____

I understand that failure to make regular payments can result in my account being submitted to collections and I will be responsible for any collection fees.

Signature of Student _____ Date _____

Signature of Parent (if under 18) _____ Date _____

OFFICE USE ONLY:
Set up Date/Invoice #: _____