



Westchester Community College

State University of New York

DEFERRED PAYMENT AGREEMENT

EMPLID# _____ Date ____/____/____ Spring Summer Fall Winter

NAME: _____ **TOTAL CHARGES:** _____

LAST	FIRST	DUE DATE	AMOUNT
ADDRESS: _____		_____	_____
_____		_____	_____
PHONE: _____		_____	_____
HOME	CELL	_____	_____
E-MAIL ADDRESS: _____		_____	_____

REASON FOR SPECIAL DEFERMENT: _____

Conditions for a Deferment

In accordance with the policy of Westchester Community College, I acknowledge:

-that I will not be permitted to register, view my grades or receive my diploma until I have all outstanding debts owed to the College

-that if I do not make payments by the due date stipulated in this agreement, I am responsible to pay any outstanding balance. If I do not pay the outstanding balance due by the due date, I acknowledge that the following action will be taken.

1. All my records will be frozen by the College in accordance with section 302.1(j) of Chapter V, Title 8 of the official rules and regulations of the State of New York.
2. I will remain indebted to the College for money owed and collection procedures will be initiated against me.
3. Where applicable, I will forfeit my deposit and/or tuition payments made negotiating this deferment if I do not cancel my registration before the first day of the semester.

I, the above applicant, understand and agree to the conditions under which this deferment has been granted, as outlined above. This note shall be executed without security and without endorsement, unless the maker is a minor. If the maker is a minor, endorsement is required.

Signature of Parent
(If applicant is under 18)

Student's Signature

Subscribed and sworn before me this
_____ day of _____ year _____

College Authorization Signature

Notary Public