

S

Deferred

C

Payment

C

Plan



141 College Drive  
Albemarle, NC 28001  
(704) 982-0121

[www.stanly.edu](http://www.stanly.edu)

**INTEREST-FREE  
MONTHLY PAYMENT PLAN**

## Stanly Community College Deferred Payment Plan

Stanly Community College is pleased to provide students with a Deferred Payment Plan. This plan allows you to pay your tuition/fees in monthly installments. (Not available for Bookstore charges.)

Options to establish a Deferred Payment Plan & Pay:

1. Complete Deferred Payment Plan form (see right panels). Submit the completed form by fax or email. Please allow 24 hours for Payment Plan setup then access [Self Service](#) to make your payment. (Please do not send credit card information via email.)
2. Visit the Business Office @ the Albemarle Campus or the Crutchfield Education Center, complete a Deferred Payment Plan form and make your payment.
3. Call the Business Office to verify the amount you need to pay, the form can be faxed/emailed to you, complete the form (see right panels) and fax the form back to the Business Office.

Business Office hours of operation:

Monday –Thursday 8:00-5:00

704-991-0228 Business Office Phone  
704-982-0819 Business Office Fax

SCC-Cashier@stanly.edu

Payment Methods: Cash, Visa, AmEx, Disc, MC, Check (valid DL #), Money Order, or on the SCC website through [Self Service](#)

## Deferred Payment Plan Deadlines

### Fall 2017 –3 Payments

#### **1<sup>st</sup> Payment – Due at time of Registration.**

Includes 1/3 of your tuition/fees plus a \$25.00 non-refundable fee.

#### **Second Payment – September 25, 2017**

#### **Final Payment—October 25, 2017**

Includes remainder of your tuition/fee balance.

### Enrollment Application

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

I understand I am entering into an agreement with Stanly Community College to pay Tuition/ Fees in monthly installments. I will be responsible for any balance after drops/withdrawals are processed against my student account for my classes. Any outstanding balance will prevent me from registering for future courses and receiving grades and/or transcripts.

\_\_\_\_\_  
Student Signature Required

\_\_\_\_\_  
Date

## Credit Card Authorization (one time only use-please print legibly)

I, \_\_\_\_\_, authorize SCC to charge my credit card for the following amount

\$ \_\_\_\_\_, for the account of

\_\_\_\_\_

(Student name/ID#/last 4 of SSN)

Credit Card Type:

Visa \_\_\_\_\_ MC \_\_\_\_\_ Disc \_\_\_\_\_ AmEx \_\_\_\_\_

Last 4 Digits of CC # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name on

Card \_\_\_\_\_

Billing

Address \_\_\_\_\_

Phone # ( ) \_\_\_\_\_

Total Charged \$ \_\_\_\_\_

\_\_\_\_\_  
Cardholder Signature (required for payment)

\_\_\_\_\_  
Date

- **Automatic Draft is not available**

-----  
\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
3 or 4 digit Security Code