

S

Deferred

C

Payment

C

Plan



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

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

Summer 2017 -2 Payments

1st Payment – Due at time of Registration.

Includes 1/2 of your tuition/fees plus a \$25.00 non-refundable fee.

Final Payment – June 23, 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