

S T A R K S T A T E C O L L E G E
F A L L 2 0 1 9 P A Y M E N T F O R M

SSC306

All students not using web payment or whose balance is not completely covered by financial aid must complete this form and return it to the cashier's window in person, by mail, or deposit it in the payment drop box (Student Services Building third floor).

PAYMENT DEADLINES:

PAYMENT IS DUE BY September 3, 2019 (MAIL IN PAYMENT DUE BY August 29, 2019)
UNPAID LATE REGISTRATION SCHEDULES WILL BE CANCELLED AFTER September 3, 2019.

FINANCIAL AID STUDENTS:

If awarded federal and/or state financial aid covers 100% of your bill, it will automatically be posted against your account and you will be notified by the financial aid office. Payment is required if financial aid does not cover all tuition and fees. You must return this form along with your payment to the cashier's window in person, by mail, or deposit it in the payment drop box (Student Services Building third floor).

MISCELLANEOUS FEES (Do not complete this portion if you registered online.)

Circle any of the following miscellaneous fees you would like to add:

Full Locker \$4.50/Semester Installment Fee \$25.00 Processing Fee \$95.00

Amount Due (previous page) _____ Plus Misc. Fees _____ = Balance Due _____

Fall 2019 Student Installment Payment Plan (SIPP) -- Payment Due Dates:

Note: A \$25.00 Installment Fee will be charged if you choose the SIPP Plan
(See Payment Information for instructions to calculate your installment payment)

(Final Pay Date)

1st Payment	2nd Payment	3rd Payment	4th Payment
September 3, 2019 _____	Sep 16, 2019 _____	Oct 14, 2019 _____	Nov. 11, 2019 _____

I agree to pay Stark State College the amounts due on the above dates.

Print Name _____ ID # _____

Signature _____ Date _____

*** Signature Required for SIPP Payment

CIRCLE PAYMENT METHOD: _____ Amount of payment _____

Cash Check# _____ Debit Card Visa MasterCard Discover

Debit/Credit Card Number _____ Expiration Date _____

Name on Credit Card: _____

Card Billing Address: _____

City: _____ State: _____ Zip: _____

Signature _____ Date _____

*** Signature Required for Debit / Credit Card Payment