

STARK STATE COLLEGE  
Fall 2019 SECOND 8 WEEK PAYMENT FORM

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 October 28, 2019 (MAIL IN PAYMENT DUE BY October 21, 2019)  
UNPAID LATE REGISTRATION SCHEDULES WILL BE CANCELLED AFTER October 28, 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 \_\_\_\_\_ 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
October 28, 2019	_____	November 11, 2019 _____	December 2, 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