

Colgate Rochester Crozer Divinity School

**EXTENDED PAYMENT APPLICATION**

\_\_\_ Fall      \_\_\_ Spring

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home (    ) \_\_\_\_\_ Work (    ) \_\_\_\_\_

Email: \_\_\_\_\_ Amount to extend: \_\_\_\_\_

Please detail your proposed plan with dates and amounts below.

Receiving a student loan?     Charge books against loan?

I understand there is a \$50.00 enrollment fee for payment plans extending beyond the fifth **week** of classes.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment Amounts and Dates (please provide exact dates)**

First payment – Due by first day of term \_\_\_\_\_

Second payment – Due second month of term \_\_\_\_\_

Third payment – Due third month of term \_\_\_\_\_

Fourth payment – Due fourth month of term \_\_\_\_\_

***Installment payments not received by the due date will be assessed a \$50 late charge per month until the account is current. Please see the Campus Life Handbook for further information.***

**Payment by Credit Card**

I authorize Colgate Rochester Crozer Divinity School to charge my credit card account as noted above.

Account Number: \_\_\_\_\_ Security Code: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Billing Address if different from above: \_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_