

Student Name		Student ID	
Contact Person Responsible for Payment		Email Address	
Name of Financial Institution		Daytime Phone	
Bank Transit/Routing Number		Checking	Savings
Bank Account Number		Circle One	
I (we) hereby authorize Defiance College to initiate an entry to my (our) checking/savings account at the Financial Institution indicated, and initiate adjustments (if necessary) for any transactions credited/debited in error. I (we) understand this transaction will take place on the first day of each month, or the first working day following the first if it falls on a Saturday or Sunday. This authority will remain in effect until Defiance College is notified by me (us) in writing to cancel it in such time as to afford Defiance College and the Financial Institution a reasonable opportunity to act on it.		\$	Maximum Amount to charge account
Signature of individual whose account will be charged.		Date	

MONTHLY PAYMENT PLAN TERMS & CONDITIONS

- 1) There is a \$30 per semester non-refundable application fee.
- 2) It is the student's and/or parent's responsibility to know the payment due dates and to make payments on time. Monthly statements or reminders will not be sent. Students have a user ID and password to view their account information online at www.defiance.edu/onestop
- 3) If the monthly payment is not received by the due date, a **\$20 per month late fee may be assessed**, in addition to \$25 per occurrence for any returned checks or dishonored electronic transactions. The College may require immediate and full payment of the balance that is due on the account and prevent future participation in the DC Monthly Payment Plan.
- 4) Students must pay all outstanding balances from the previous semester before they can participate in the plan. **The previous outstanding balance may not be included in the current semester's payment plan.**
- 5) Students cannot pay the following through the plan: library fines, telephone charges, bookstore charges, and miscellaneous charges.
- 6) If the payments for the DC Monthly Payment Plan and/or miscellaneous charges are not paid by the due dates, as indicated on the College billing statements, the student will be considered in default and his/her grades, transcripts, diploma, and other college services may be withheld and future class registration may be blocked.
- 7) If you withdraw from Defiance College, you are still responsible for paying any remaining balance upon withdrawal, after tuition and financial aid have been adjusted in accordance with the published refund policies as stated in the Defiance College Catalog.

DEFIANCE COLLEGE

SEMESTER PAYMENT PLAN Alternate Week- Summer Only

Business Office
701 N Clinton St.
Defiance, OH 43512

Phone: (419) 783-2550
Fax: (419) 783-2318
Email: bursar@defiance.edu

Monthly Payment Plan Application

EASY-TO-USE

Defiance College students may choose to pay college expenses through the DC Monthly Payment Plan. By applying for our payment plan, you are able to pay your tuition on a monthly schedule instead of a single lump sum payment each semester.

HOW TO ENROLL

- 1) Fill out this form and return it to the Business Office with your signed bill.
- 2) Make the first payment by the due date.
- 3) Follow the payment plan schedule and make each payment on the first day of each month.



SIMPLE PAYMENT SCHEDULE

As a plan enrollee, you choose 3 interest-free monthly payments.

3 Month Payment Plan Schedule:

Fall Semester		
Payment	Due Date	
1	May 1st	
2	June 1st	
3	July 1st	

VALIDATION STICKERS

Validation stickers may be picked up in the Business Office upon completion of registration. Validation stickers are evidence of completing registration which allows you to attend most campus events free of charge, use your meal plan, and sign books out of the Pilgrim Library.

FAMILY RIGHTS AND PRIVACY ACT

To allow the Business Office to discuss your student account with a third party, you must submit written authorization:
http://www.defiance.edu/media/RC_Student_Authorization_for_Defiance_College_FER_PA.pdf

Student Name: _____

ID #: _____

To complete this portion, refer to your billing statement.

Balance of charges and credits to date: (1) \$ _____

Subtract anticipated financial aid award: (2) \$ _____

Total now due: (3) \$ _____

Divide line 3 by 3 : (4) \$ _____

Add non-refundable application fee (5) \$ 30.00

Your first payment (add lines 4 & 5) (6) \$ _____

Method of payment:

Option 1: _____ Check (payable to Defiance College)

Option 2: _____ Visa/MasterCard/Discover monthly online at www.defiance.edu/onestop or with coupon

Automatic Options Available:

Option 3: _____ Payments automatically charged to your bank account the 1st of the month

(You must complete the form on the back.)

Option 4: _____ Payments **automatically** charged to your credit card the 1st of the month **(You must complete the lines below.)**

Credit/Debit Card #

Expiration Date _____ VIN # _____

Card Holder Signature: _____

Card Holder Printed Name: _____

Address: _____

Daytime Phone No: _____

Cell Phone No: _____

DC Monthly Payment Plan Agreement:

I have read the terms and conditions of the Defiance College Monthly Payment Plan and I understand and agree to them. I understand the Business Office will verify calculations. It is my responsibility to inform the Business Office of any adjustments that would alter my payments.

X _____

Student Signature (if over 18)

Date