

**BUNKER HILL COMMUNITY COLLEGE PAYMENT PLAN ENROLLMENT FORM- SPRING 2009 SEMESTER**

(Please print)

**Please enroll me in the BHCC Payment Plan**

BHCC ID Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Today's Date: \_\_\_\_\_

(Can be found on student's registration statement or bill)

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

(Required if student is under 18 years of age)

**Total Amount of Plan: # of Credits \_\_\_\_\_ X cost per credit \_\_\_\_\_ + High cost course fees \_\_\_\_\_ = \$ \_\_\_\_\_**

*Plan amount is from your registration statement / bill minus health insurance fee. The monthly payment plan is available for students enrolled in at least 6 credits. Students must be in good standing on prior arrangements in order to participate in current and future payment plans. Your Non-Credit, Mini-Semester and Learning Contract Courses, Malpractice and Health Insurance Fees can not be included in your Plan and must be paid in full directly to Student Payment Office upon registration. If you have comparable health insurance coverage that meets state requirements, you must complete the waiver form on line at [www.universityhealthplans.com](http://www.universityhealthplans.com) immediately upon registration. Instructions to waive are on line at <http://bunkerhillonline.com/inside/577>. If the amount on the plan is different from your registration statement and monthly statements, or if you add or drop classes, or if you receive a financial aid award letter from the Financial Aid Office, you must notify the Student Payment Office immediately, in order to avoid late fees and penalties. This serves as your bill, in addition to your registration statement and follow up monthly statements. **Failure to receive a follow-up bill does not relieve responsibility for timely payment.** Students are responsible for having their address updated with the Registrar's Office. Failure to make scheduled payments with the Student Payment Office will cause the account to be considered delinquent.*

**Your Monthly Payment Schedule Will Be:**

Starts	divide by	Starts	divide by	Starts	divide by
11/18/2008	4	12/10/2008	3	01/09/2009	2

Amount of Plan ÷ \_\_\_\_\_ = One Monthly Payment \$ \_\_\_\_\_  
 Plus: Payment Plan Set Up Fee (Non-Refundable) \$ 35.00  
**TOTAL AMOUNT ENCLOSED DUE NOW** \$ \_\_\_\_\_  
**NEXT PAYMENTS DUE on or before:**  
 11/18/08 \$ \_\_\_\_\_ 12/10/08 \$ \_\_\_\_\_ 01/09/09 \$ \_\_\_\_\_ 02/10/09 \$ \_\_\_\_\_  
 Date \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**PAYMENT METHODS:**

Cash: \$ \_\_\_\_\_ Check/Money Order: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Approval Code: \_\_\_\_\_ Credit Card: \$ \_\_\_\_\_

Account Number: MasterCard: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Back of card  
 Visa: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Back of card  
 Discover: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Back of card  
 American Express: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Front or back of card

\_\_\_\_\_  
 Cardholder's Name (PRINT) Cardholder's Signature Date

Please make check payable to BHCC (include SS# or ID# on check) and mail or bring to: **BHCC Student Payment Office, 250 New Rutherford Ave., Room B219, Boston, MA 02129.** You may also fax this form to the Student Payment Office to 617-228-2447. Your first payment **must** be included with the application. **Future payments must be paid on line at [onlineservices.bhcc.mass.edu](http://onlineservices.bhcc.mass.edu) or by phone at 1-866-519-0785 or mailed to the address above.** If you have any questions, you may contact us at 617-228-2150 or via email at [bursar@bhcc.mass.edu](mailto:bursar@bhcc.mass.edu)

**Important Agreement and Notice**

*I understand that this is my first monthly payment due now and subsequent payments are due on or before the 10<sup>th</sup> of each month. I understand that I will be charged a late fee of \$25.00 if payments are not received on or before the 10<sup>th</sup> of each month. I understand that if I default or am delinquent, I will not be allowed to enroll in the payment plan for future semesters, additionally, default and delinquencies will result in the entire balance being accelerated and due in full immediately. Delinquent balances will be assigned to a collection agency and referred for State Intercept and I will be responsible for all collection, processing, and legal fees. A hold will also be placed on my academic records and grades.*

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

(Required)

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Required if student is under 18 years of age)