

PRECOLLEGE PAYMENT AGREEMENT Fall 2017

Student's Name (Please Print Clearly)

Student ID #

Please SELECT ONE payment option below. Complete the remainder of the form, sign and return to the Student Accounts Office, Manhattan School of Music, 120 Claremont Avenue, New York, NY 10027.

Payment Option	Due Date	Payment Amount
<input type="checkbox"/> I will pay the Fall 2017 Full Balance (net of expected scholarships)	August 7, 2017	\$ _____
<input type="checkbox"/> Deferred Plan offered through the Higher One website – (Fall Semester)		
First Half Fall tuition plus enrollment fee is due to Higher One	August 7, 2017	
Second Half Fall tuition is due to Higher One	October 11, 2017	
<input type="checkbox"/> Higher One Tuition Pay Plan (Monthly Payments)		Date Enrolled
Used to pay the Full Academic Year: Fall 2017 and Spring 2018 Tuition & Fees		_____
<i>*If you choose to participate in a Higher One Tuition Pay plan, please complete and return the Precollege Calculation Sheet to the Student Accounts Office.</i>		

I, _____, promise to pay Manhattan School of Music the Fall 2017 balance due.
Print parent/guardian name

I will also pay any and all late fees and other charges necessary for the collection of any amount not paid when due.

I understand that

- (1) If I default on my payment(s), I may be suspended from private lessons, classes, rehearsals and participation in any other Precollege activities. Furthermore, I jeopardize current and all future registrations and, grade reports, transcripts and diplomas;
- (2) If I default on my payment(s) the School may disclose that I have defaulted, along with other relevant information, to credit agencies;
- (3) The School may refer this amount to a collection agency or litigate to insure payment and I will be responsible for all attorney's fees, reasonable collection costs and other charges necessary for the collection of the amount not paid when due;
- (4) This promissory note may not be changed orally but only by written agreement signed by a School officer.
- (5) By signing below, I accept responsibility for the payment of the charges on my invoice. If anticipated funds from third parties are not collected, I accept responsibility for any outstanding amounts.

Parent/Guardian Name (Please Print Clearly)

Parent/Guardian Signature

Date

REMINDER: It is extremely important to keep your contact information current through the Precollege Office.