

W-PAY – FA '09'

Western State College of Colorado offers families a payment plan to finance tuition, fees, housing & meal plan. Students may elect to pay in full when bills are due.

1. Yes, I want to pay expenses on installments!

Student's Name _____ Student's ID# _____

2. Bill Payer Information

Mr/Ms/Mrs _____

Street _____ City _____

State _____ Zip Code _____ Telephone (____) _____

I have read, understand and agree to the W-Pay Plan terms on the reverse side before signing this application.

→ **Signature X** _____ **Date** _____

3. Determine Your Plan Amount

You must complete this section to enroll.

If you are uncertain of an amount, please call us at (970)943-3003.

(Do not include books, personal expenses including Mountaineer Cash or work study in your calculations)

A. Total Expenses-(See attached info for Estimated tuition, fees, room & board.) A. \$ _____

B. Total Deduction - B. \$ _____
 (Financial aid, e.g. scholarships, grants, net loans [**@97% of loan amount awarded**], etc.)
 Do NOT deduct any Work Study

C. Total Plan Amount C. \$ _____

D. Total plan amount (C) *divide by* ÷ 4
1ST Monthly payment = D. \$ _____*

***Please Note:** Actual monthly payments may (**and usually do**) vary due to e.g. changes in meal plans, housing charges, parking tickets, etc... **Statements are sent out once a month. Payment is due even if bill is not received. Monthly amounts due will be based on the actual semester costs as well as any additional charges incurred.**

E. **1st Monthly Payment** E. \$ _____
 (D. from previous column)

F. **Enrollment Fee** + F. **\$40.00**
 (This fee is non-refundable.)

G. Total Amount Enclosed = G. \$ _____
 (E+F=G) >>**PLEASE DO NOT SEND US THIS FORM WITHOUT PAYMENT ENCLOSED**<<

>Payments are **due on the 15th of each month:**
 Aug.-Nov. - Total balance for Fall is due by **November 15th**

Mail a **check** or **credit card** info and this form to:

W-Pay\Cashier's Office
Rm. 207 Taylor Hall,
WSC, Gunnison, CO 81231
 (970)943-3003

Visa, MasterCard or Discover info below:

Name on Card: _____

CC#: _____

Exp Date: _____

Amount (from G above):\$ _____

***Credit Card info must be called or mailed in monthly!**

Fax # (970) 943-3086

Office use: Fall Payment due dates: Aug 15 _____ Sept 15 _____ Oct 15 _____ Nov 15 _____