Saint Mary of the Woods College – 1 St Mary of Woods Coll– Saint Mary-of-the-Woods, IN 47876
Telephone: 812-535-5124 Fax: 812-535-5231 e-mail: businessoffice@smwc.edu

Interest-Free Monthly Payment Option for MLD Program

SS# _(only needed if ID has not been assigned yet)_____
SMWC ID # _____
Student Name _____
Student Address _____
City _____ State _____ Zip _____
Phone Number: _____ Cell Phone: _____

Payment information:

Total Tuition $_____ divided by _____ (months) = _____ (monthly payment)

Credit Card Authorization:

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Card No. _____

Exp. Date _____ Security code _____

Authorized Signature_____

☐ First payment only or ☐ Charge each month

ACH Information:

Bank Name _____

Routing Number _____ Account No. _____

Authorized Signature_____

☐ Checking Account or ☐ Savings Account

☐ First Payment Only or ☐ Charge each month

Promissory Note I/We promise to pay all charges on my Saint Mary-of-the-Woods College student account. I/We will be responsible for any charges on this student account in the event that my financial aid is cancelled or reduced. Further, I/We agree to pay any and all costs, including collection fees, attorney fees and litigation costs incurred by Saint Mary-of-the-Woods College in their efforts to collect their claims should I/We default on this student account. I/We understand this is a Promissory Note. I/We understand I/We am entitled to an exact copy of this Promissory Note. My/Our signature certifies I/We have read, understand and agree to the terms stated above. I/We understand that there will be a 1% late charge on the balance of the account any month payment is not received by the due date. By signing this plan, the student authorizes SMWC to speak with the guarantor regarding issues on the student's account. You may access your account at anytime and make payments at: www.myrecords.smwc.edu.

Student Signature _____Date _____

SMWC Signature_____ Date_____