

MILLSAPS COLLEGE DEFERRED PLAN

Semester _____ Yr _____ Millsaps ID# _____
Name _____ SSN _____
Address _____ Home Phone _____
_____ Campus/Cell _____
Parent Name _____ Daytime Phone _____
Is parent address the same as above: _____ Parent E-mail Address _____
If parent address is different, please provide:
_____ Home Phone _____
_____ Cell Phone _____

I agree to the terms of the Millsaps College Deferred Plan as set forth below, including a \$50.00 plan fee, and understand that if I should withdraw for any reason prior to paying all fees under this plan the entire unpaid balance will become due and payable at once. Any refunds will be made only under conditions stated in the current college catalog. I agree to pay any and all attorney's fees and other reasonable collection costs and charges necessary for the collection of the balance owed, including but not limited to tuition, fees, room, and meal plan.

I hereby agree to pay all charges for this semester at Millsaps College as shown below.

Date Due _____ Amt\$ _____ Paid Date _____ Total Balance Due:
_____ \$ _____

List Any Outside Awards - not listed on the enclosed Estimated Balance for Fall - which are used to reduce the balance due for the Fall Semester. I understand that if these awards are not received by Millsaps College I will be responsible for the amounts listed below.

Source of Award	Amount of Award	Date Check Sent	Batch#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date _____ Student Signature _____

CREDIT CARD AUTHORIZATION for Deferred Plan

If you would like to make your deferred payments using a credit card, complete the following authorization and return to the Business Office. Accepted credit cards: Visa, MasterCard and Discover.

Billing Address (if different from above) _____
Type of Credit Card: _____ Credit Card #: _____
Expiration Date: _____ 1st Payment Date _____ 1st Payment Amount \$ _____
2nd Payment Date _____ 2nd Payment Amount \$ _____
Cardholder Name: _____ Authorized Signature: _____

DEFERRED PAYMENT ARRANGEMENTS: Retain this portion for your records:

Date Due _____ Amt\$ _____ Paid Date _____ Total Balance Due:
_____ \$ _____

List Any Outside Awards - not listed on the enclosed Estimated Balance for Fall - which are used to reduce the balance due for the Fall Semester. I understand that if these awards are not received by Millsaps College I will be responsible for the amounts listed below.

Source of Award	Amount of Award	Date Check Sent
_____	_____	_____
_____	_____	_____
_____	_____	_____