



FINANCIAL PLANNING FORM

FALL 2009 due by August 15th

I. Student Information:

Student's name: _____ STMU ID: _____

II. Payment Options: (Complete a, b, or c.)

a) I will pay in full.

Total Payment Amount: \$ _____

- Via GATEWAY using check or credit/debit card
 Charge \$ _____ to my credit card below.
 I will mail a check or money order OR make a cash payment at the Business Office.

b) I will choose a payment plan. (Complete parts one and two.)

Part One (The account balance will be divided into 2, 3, 4, or 5 equal payments. The student is responsible to make all payments on time. Late payments will result in a \$40 fee. * If Plan D is chosen, this form is due by July 15th.)

Plan A
 1st payment due Aug. 15
 2nd payment due Sept. 15

Plan B
 1st payment due Aug. 15
 2nd payment due Sept. 15
 3rd payment due Oct. 15

Plan C
 1st payment due Aug. 15
 2nd payment due Sept. 15
 3rd payment due Oct. 15
 4th payment due Nov. 15

***Plan D**
 1st payment due July 15
 2nd payment due Aug. 15
 3rd payment due Sept. 15
 4th payment due Oct. 15
 5th payment due Nov. 15

Part Two (Select one)

Monthly Payment Amount: \$ _____

- I will make my payments online via GATEWAY.
 Charge \$ _____ for my first payment to my credit card listed below.
 Each month, I will mail a check or money order OR pay cash at the Business Office.

c) I will not have a balance due. (All students receiving aid **MUST** complete all disbursement requirements.)

- Financial Aid covers my entire balance.
 My balance is covered by an outside party. (Example: ROTC, Employer Assistance, etc.)
 Other _____

III. Credit/Debit Card Information: (ONLY if the university will use this information to make your payment and if you are NOT using GATEWAY)

Credit/ Debit Card Type: Amex Discover Master Card Visa

Card #: _____ Expiration (mo/yr): _____

Name on card: _____ Phone: _____

Cardholder's signature: _____ Date: _____

IV. Confirmation: (This section must be completed by the student in order for this form to be valid.)

My signature below signifies that I agree to pay my balance due by **July 15th** or **August 15th**, as indicated on this form.

Student's signature: _____ Date: _____

For office use only:

Date received: _____ Received by: _____
 C/ NC Date: _____ Entered by: _____
 Reason: _____

MAKE PAYMENTS PAYABLE TO:

St. Mary's University
 ATTN: Business Office
 One Camino Santa Maria
 San Antonio, Texas 78228

For questions regarding this form, contact:
businessoffice@stmarytx.edu
 Phone: (210) 436-3731
 Fax: (210) 431-6749