



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.

- Charge my credit card below. **Amount: \$** _____
- I will mail a check or money order.
- I will make a cash payment at the Business Office on campus.

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

Part One (Select one)

- Charge the first payment only to my credit card listed below. **Amount: \$** _____
- Set up automatic payments and charge to my credit card listed below. **Amount: \$** _____
- I will mail a check or money order for all of my payments.
- I will make cash payments at the Business Office on campus.

Part Two (The account balance will be divided into 2, 3, 4, or 5 equal payments; a fee of \$40 will be added to the student account per each late payment. *Note: If Plan D is chosen, the deadline to submit this form is 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

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: (Complete this section only if paying with credit card.)

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: _____

MAKE PAYMENTS PAYABLE TO:

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

For office use only:

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

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