

**USM Payment Policy Acknowledgment Form**

Name \_\_\_\_\_ Date \_\_\_\_\_

Student Id. No. \_\_\_\_\_ University e-mail \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_

I realize my University charges were not paid when due. **I understand that if I register for Winter Session, payment is due the day of registration. I also understand that my classes can be cancelled if Winter Session charges are not paid in the day of registration. Registering for W-Session yes \_\_\_\_\_ no \_\_\_\_\_**

**I understand that if I register for Fall Semester 09, my registration will be cancelled without additional notice, if my charges are not paid by August 15, 2009. I also understand that I will not be allowed to live in University housing or use a meal card, if my registration is cancelled.**

Signature \_\_\_\_\_

This student (check one)..... \_\_\_\_\_ is \_\_\_\_\_ is not.....eligible to use a payment plan.

Per \_\_\_\_\_ Date \_\_\_\_\_