

**Saint Mary-of-the-Woods College**  
**Interest-Free Monthly Payment Option/Promissory Note**

1. Student Information	SS# _____ SMWC ID # _____ Student Name _____								
2. Guarantor Information	Guarantor Name _____ Guarantor Address _____ City _____ State _____ Zip _____ Day Phone _____ Evening Phone _____								
3. Payment Plan  \$35 Payment Plan Fee Fall, Spring, WED or Graduate  \$70 Payment Plan Fee Fall & Spring  (charged at time of signing with first payment)	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <input type="checkbox"/> <b>Campus Only</b>  <b>Plan Total</b> _____                             </td> <td style="width: 50%; border: none;"> <input type="checkbox"/> <b>WED/Graduate Only</b>  <b>Plan Total</b> _____                             </td> </tr> <tr> <td style="border: none;">                     Fall July 1 – Nov 1 (5 mos)                      Spring Dec 1 – April 1 (5 mos)                      Fall &amp; Spring July 1 – Nov 1 (10 mos)                 </td> <td style="border: none;">                     4 Monthly Payments beginning month of residency (WED, MAAT, MAPT, MAMT, ELM)                      2 Monthly Payments beginning month of residency (MED or MLD)                 </td> </tr> <tr> <td colspan="2" style="border: none;"> <b>Plan Total ÷ Number of Months =</b> _____ (monthly payment)                      First Payment _____ plus Payment Plan fee _____ total first Payment _____                 </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> June 1 _____ (WED/Grad Only)  <input type="checkbox"/> July 1 _____  <input type="checkbox"/> Aug 1 _____  <input type="checkbox"/> Sept 1 _____  <input type="checkbox"/> Oct 1 _____  <input type="checkbox"/> Nov 1 _____                 </td> <td style="border: none;"> <input type="checkbox"/> Dec 1 _____  <input type="checkbox"/> Jan 1 _____  <input type="checkbox"/> Feb 1 _____  <input type="checkbox"/> Mar 1 _____  <input type="checkbox"/> Apr 1 _____  <input type="checkbox"/> May 1 _____ (WED/Grad Only)                 </td> </tr> </table>	<input type="checkbox"/> <b>Campus Only</b> <b>Plan Total</b> _____	<input type="checkbox"/> <b>WED/Graduate Only</b> <b>Plan Total</b> _____	Fall July 1 – Nov 1 (5 mos) Spring Dec 1 – April 1 (5 mos) Fall & Spring July 1 – Nov 1 (10 mos)	4 Monthly Payments beginning month of residency (WED, MAAT, MAPT, MAMT, ELM) 2 Monthly Payments beginning month of residency (MED or MLD)	<b>Plan Total ÷ Number of Months =</b> _____ (monthly payment) First Payment _____ plus Payment Plan fee _____ total first Payment _____		<input type="checkbox"/> June 1 _____ (WED/Grad Only) <input type="checkbox"/> July 1 _____ <input type="checkbox"/> Aug 1 _____ <input type="checkbox"/> Sept 1 _____ <input type="checkbox"/> Oct 1 _____ <input type="checkbox"/> Nov 1 _____	<input type="checkbox"/> Dec 1 _____ <input type="checkbox"/> Jan 1 _____ <input type="checkbox"/> Feb 1 _____ <input type="checkbox"/> Mar 1 _____ <input type="checkbox"/> Apr 1 _____ <input type="checkbox"/> May 1 _____ (WED/Grad Only)
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4. Credit Card Authorization	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover  Card No. _____  Exp. Date _____  Authorized Signature _____ <input type="checkbox"/> First Payment Only    or <input type="checkbox"/> Charged each month								
5. ACH Authorization	Bank Name _____  Routing Number _____  Account No. _____  Authorized Signature _____ <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account <input type="checkbox"/> First Payment Only    or <input type="checkbox"/> Charged 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](http://www.myrecords.smwc.edu).

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Guarantor Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (If other than student)

Business Office Signature \_\_\_\_\_ Date \_\_\_\_\_