#  Term Payment Plan Enrollment Form

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|  | Fall 2020 |  | Spring 2021 |  |
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| **Student Name** |  | **Student ID Number** |
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| **Applicant Address** |  | **Applicant Telephone Number** |
|  |  |  |
| **City, State Zip** |  | **Applicant Email Address** |

Students on the tuition payment plan will be charged over a four month period each semester. To enroll in the payment plan, students must pay a participation fee of $50 per semester, to be included with your first payment. The total monthly payment is one quarter of the total balance (Tuition, Fees, Health Insurance, Housing, Meal Plan, and Library Deposit as applicable) minus any credits (Scholarship, Loans, Grants, and Previous Payments as applicable). The first payment is due before the first day of classes.

Subsequent payments are due on the first of the month, and there will be a grace period of five days to make this payment. If you have not made your payment by the 5th, a late charge of $25 will be assessed on the 6th of the month and a hold will be placed on your account. If you fail to make two payments you will lose building privileges and will be escorted to the Business Office. You will not be able to attend class until you have made arrangements to pay your balance due.

**Please make all checks payable to “San Francisco Conservatory of Music” and mail to:**

Attn: Anna Semina
San Francisco Conservatory of Music
50 Oak Street
San Francisco, CA 94102

**If you would like to pay by credit card and be charged automatically each month please fill out the credit card authorization form. Credit card payments also can be made over the phone, in person, or online at** [www.SFCM.edu/payment-form](http://www.SFCM.edu/payment-form)

By signing below I agree to make the monthly payments as determined on the attached statement. Payments will not stop unless authorized by the Business Office. Upon default, the balance due for the remainder of the semester shall become due and payable. I further agree to pay all costs of collection and a reasonable attorney’s fee if such action is necessary. I acknowledge that a late fee of $25 will be charged after the 5th of each month.

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| **Signature** |  | **Date** |

If you have any questions, contact Anna Semina: (415) 503-6236 or asemina@sfcm.edu