



BERMUDA COLLEGE

Payment Agreement Application

Payment Agreement are being offered to Bermuda College students for Fall and/or Spring terms only, based on the following conditions:

- Incidental Fees must be paid up front to initiate the Payment Agreement
- Non-Refundable Administration Fee of \$25 will be charged
- 1st monthly payment is due by January 20th and final payment due by March 10th, 2023.
- **A late fee of \$100 will be added to any balances remaining after March 10th 2023.**
- A 'hold' will be placed on student accounts if outstanding balance remains after March 10th 2023.
- Bermuda College is a member of the Bermuda Credit Association
- Student ***must*** be 18 years or older to sign Payment Agreement

Term (tick one): Fall _____ Spring _____ Summer _____
(year) (year) (year)

Name: _____ ID#: _____

Address: _____

Telephone #s: _____ (h) _____ (w) _____ (c)

BC Email: _____

I agree to pay the amounts owing below on the date stipulated in this Agreement. In failing to do so, Bermuda College will place a hold on my account.

Student Signature/Parent or Guardian Signature _____
Date

Over the age of 18 years Yes / No (circle)

Name of Parent/Guardian _____
Parent or Guardian Name _____
Parent or Guardian Signature

Financial Aid Applicant? Yes / No (circle) _____
Director, Counselling & Student Activities _____
Date

FOR BUSINESS OFFICE:

AMOUNTS OWING:

Tuition: \$ _____

30% Admission Deposit: \$ () _____ **DUE JAN 20th**

Incidental Fee/Minimum Payment: \$ () _____

Administration Fee: \$ 25.00 _____

BALANCE DUE: \$ _____ **Due 10 Feb** _____ **Due 10 Mar** _____
(amount)

APPROVED: _____
Business Office Signature _____
Date

BERMUDA COLLEGE

Guarantor Form

Guarantor Forms are being offered to Bermuda College students for Fall and/or Spring terms only, based on the following conditions:

- Guarantor ***must*** be 18 years or older to sign

Term (tick one):	<input type="checkbox"/> Fall _____	<input type="checkbox"/> Spring _____	<input type="checkbox"/> Summer _____
	(year)	(year)	(year)
Guarantor Name:	_____		
Relationship to Student:	_____		
Address:	_____		
Telephone #s:	_____ (h)	_____ (w)	_____ (c)
Email:	_____	Driver's License:	_____
<i>I agree to pay the amounts owing should _____ default in making their payments. In failing to</i>			
<i>do so, Bermuda College has the right to send all overdue balances to Bermuda Credit Association (BCA). The guarantor will agree</i>			
<i>to pay all agency charges, legal cost and other expenses incurred by Bermuda College in attempting to recover overdue amounts.</i>			
_____	_____		_____
<i>Guarantor Signature</i>			<i>Date</i>

FOR BUSINESS OFFICE:

APPROVED:

Business Office Signature

Date