

# *Midwest Christian College & Seminary*

## **Payment Agreement**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Specifications:** \_\_\_\_\_ **Divinity**

**Degree Levels:**

\_\_\_\_\_ **Bachelor**

\_\_\_\_\_ **Master** \_\_\_\_\_ **Doctorate**

|                         |                 |
|-------------------------|-----------------|
| <b>Total Amount Due</b> | <b>\$ _____</b> |
| <b>Registration Fee</b> | <b>\$ 50.00</b> |

|  |                 |
|--|-----------------|
| <b>Amount Due to Begin Process</b>                       | <b>\$150.00</b> |
| <i>(\$50.00 Registration Fee &amp; \$100.00 Tuition)</i> |                 |

|                                   |                 |
|-----------------------------------|-----------------|
| <b>Amount of monthly payments</b> | <b>\$ _____</b> |
|-----------------------------------|-----------------|

Balance to be paid in \_\_\_\_\_ (number of monthly payments) in the amount of \$ \_\_\_\_\_

(amount per month). Final payment in the amount of \$ \_\_\_\_\_.

I \_\_\_\_\_ (*your name*) agree to the above payment arrangements. I agree to make payments on or before the 5th day of each month. If I fail to make my payments on time, I understand that affiliations with MCCS will cease until account is brought current.

You are under no obligation to continue with MCCS. You can stop at any time. As long as you make payments, you will be considered in good standings with MCCS. Once your payments stop, and there is still an outstanding balance, your affiliation with MCCS ceases.

Mail this form along with your payment to: **MCCS 43 Randolph Rd Suite#220 Silver Spring, MD 20904**

*Please make a copy of this agreement for your records.*