



MCMASTER DIVINITY COLLEGE PAYMENT ARRANGEMENT FORM

Session Starting: May _____

Please submit payment with completed form to:
Registration Office, McMaster Divinity College, Room 210, Hamilton, Ontario, L8S 4L8.
For more information please visit our web site at <http://www.mcmaster.ca/bms/finance/student/>

STUDENT ID# _____

NAME (please print) _____

TOTAL FEES: \$ _____ (tuition, supplementary, residence & meal plan)

FUNDING OPTIONS – Select any that apply

- DIVINITY COLLEGE BURSARIES:** Approved _____ In Process _____
If your bursary is not enough to cover your fees you remain responsible for payment of fees over and above the bursary amount granted.
- OSAP:** Date application submitted ____/____/____ SIN# _____
mm dd yy
Is your student loan from a province other than Ontario? _____

PAYMENT PLANS- Choose one of the following options

- PAYMENT IN FULL -This option is for those students who wish to avoid interest charges.**
You will be granted financial approval even if payment is post-dated to May 1.
- OTHER PAYMENT OPTIONS – Please contact a credit representative at the Student Accounts and Cashiers Office. A \$35.00 deferment fee may be assessed in certain situations.**

PAYMENT METHODS – Indicate method you will be using

- ONLINE/TELEPHONE BANKING - Date** ____/____/____ **Confirmation #** _____
mm dd yy
- CHEQUE/MONEY ORDER/BANK DRAFT-**
Payable to McMaster University (Clearly indicate your full name and Student ID#)
- WIRE TRANSFER –**
Payable to McMaster University (clearly indicate your full name and student ID#)

The information gathered on this form is collected under the authority of *The McMaster University Act, 1976*. The information is used solely for the financial administration of McMaster University student accounts. This information is being collected under section 39 (2) and section 42 of the Freedom of Information and Protection of Privacy Act of Ontario. Questions regarding the collection or use of this personal information should be directed to the Assistant Vice-President (Administration), Downtown Centre, McMaster University.

Student Account Contact Information:

Phone: (905) 525-9140 Ext 24478

Email: student.accounts@mcmaster.ca

I understand that I may be required to withdraw if I do not fulfill these payment arrangements and that it is my responsibility to contact Student Accounts and Cashiers Services if payment deadlines will not be met. I have read and understand the payment policies, procedures and deadlines.

SIGNATURE _____ DATE _____