

**CARROLL COMMUNITY COLLEGE  
PAYMENT PLAN  
REQUEST TO BUNDLE WINTER & SPRING 2025**

**Form must be submitted to the Cashier Office no later than 12/19/2024  
by 5pm.**

To: Business Office

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

Student ID# \_\_\_\_\_

Student's @carrollcc.edu email \_\_\_\_\_

Student phone number: \_\_\_\_\_

I authorize Carroll Community College Business Office to transfer my Winter 2025 tuition charges to my Spring 2025 account. I understand I must be enrolled in the payment plan PRIOR to the transfer taking place AND I can only choose the plan with the 5<sup>th</sup> of the month payment date. If I have enrolled in the payment plan with the 15<sup>th</sup> of the month payment date, I authorize the Business Office to transfer me to the payment plan with the 5<sup>th</sup> of the month payment date. I further acknowledge that if I miss the first payment on the payment plan or if the payment is returned for NSF, my winter charges will be due in full immediately upon notification of the late or returned payment by the Business Office. \_\_\_\_\_ Initials

**I acknowledge that I need to contact the Business Office immediately if I make ANY changes to my Winter or Spring schedule after enrolling in the Payment Plan. Please note, if ALL Spring classes are dropped for any reason, any winter charges remaining in the payment plan will be due in full immediately. \_\_\_\_\_ Initials**

I understand that I am fully responsible for all charges that are not processed through the payment plan. \_\_\_\_\_ Initials

**Email this initialed and signed form to [cashier@carrollcc.edu](mailto:cashier@carrollcc.edu) – call 410-386-8040  
with any questions.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Business Office Staff Signature

\_\_\_\_\_  
Date