



New Paltz

STATE UNIVERSITY OF NEW YORK

Office of Veteran & Military Services
1 Hawk Drive, New Paltz, NY 12561-2439

APPLICATION FOR DEFERRAL AND PROMISE TO PAY

Semester Year

Today's Date

Please Print

Name

Grid for Banner ID starting with N

Banner ID

Permanent Address City State Zip

Local Address City State Zip

Daytime Phone Number

I request a deferral of payment in the amount of \$ for the following reason:
(Do not leave this space blank)

This DEFERRAL AND PROMISE TO PAY, if approved, is my personal obligation. Signing this statement obligates me to payment in full by the agreed date. If my request is based on anticipated financial aid or other funding, failure to receive such funds does not excuse my financial obligation to make payment in full of the amount shown or the balance on my student account, which ever is greater.

I understand the terms and conditions of this DEFERRAL AND PROMISE TO PAY and fully accept this debt as my personal responsibility. I will make payment in full on or before the agreed deferral due date assigned by Office of Student Accounts.

Signature of Student

This deferral when approved serves as PAYMENT ARRANGEMENTS for the semester noted above and you will NOT BE DEREGISTERED.

When the Office of Student Accounts processes this document, the student incurs full liability for the amount shown herein or the total balance of the semester account, which ever is greater. Failure to pay this account by agreed deferral due date will result in the imposition of late payment fees and a block on the student's records, grades, transcripts and future registration at SUNY New Paltz.

Below This Line For Office Use Only

Approved Until The Deferral Due Date.

Approved and Accepted For
The State University of New York at New Paltz

FOR OFFICE OF VETERAN & MILITARY SERVICES