SKIDMORE COLLEGE INSTALLMENT PLAN
2008-09 APPLICATION FORM

I wish to enroll in the Skidmore College Installment Plan (SCIP) to budget expenses for the 2008-09 academic year. I have read the terms and conditions of the plan as presented in the plan brochure or on the web, and I understand and agree to them.

_____ _____
Student ID Number Graduation Year

_____
Student Name (Last, First, MI)

_____
Home Address

_____
City State Zip Code

_____ _____
Responsible Financial Party – Name Relationship to Student

_____ _____
Responsible Financial Party – Signature Daytime Phone #

Total Annual Budget $_____

Payment Required with Application $_____
(see ENROLLMENT SCHEDULE)

Application Fee + $_____
(see ENROLLMENT SCHEDULE)

Check Enclosed: = $
(payable to Skidmore College)

Direct Debit Option: I hereby authorize Skidmore College to automatically deduct monthly payments from the checking or savings account indicated on this form, **and referenced on the cancelled check or deposit slip (must include account # and bank routing #) attached hereto**. This authority will remain in effect until Skidmore College receives written notification from me to terminate or until the Plan budget is paid in full.

_____ _____
Name of Bank Checking or Savings Account #

_____ _____
Bank Routing # Signature (authorization)

☐ I wish to subscribe to receive e-mail payment reminders on or about the 5th day of each month. The e-mail address that I wish to have these payment reminders sent to is;

e-mail: _____
(PLEASE PRINT!)

Mail Completed Application to:
Bursar's Office
Starbuck Center
Skidmore College
Saratoga Springs, NY 12866