



**Payment Deferral Form**

Sign and fax this form to (714) 241-6270 or email to [MilReg@coastline.edu](mailto:MilReg@coastline.edu)

I, \_\_\_\_\_, Student ID \_\_\_\_\_, authorize Coastline Community College to charge my credit card in the amount of \$ \_\_\_\_\_, which represents the total tuition for the following:

**Semester/Year/Session:**

**Courses:**

**Semester:** Spring \_\_\_ Summer \_\_\_ Fall \_\_\_

\_\_\_\_\_

**Year:** \_\_\_\_\_ **Session:** A or B

\_\_\_\_\_

I understand that college policy requires registration fee payment be made by the fee payment deadline each session. Due to financial difficulty, I am requesting a deferral of my registration fees and understand the following (initial next to all five statements):

- \_\_\_\_\_ 1. My credit card will only be charged if my intended form of payment has not been received by Coastline Community College Military Programs by the first Friday of classes.
- \_\_\_\_\_ 2. Coastline Community College will issue a refund if an alternate form of payment, including tuition assistance, is submitted by the student after the credit card has been charged.
- \_\_\_\_\_ 3. It is my responsibility to register for the above course(s) using MyCCC.
- \_\_\_\_\_ 4. I am obligated to pay this amount if I remain enrolled after the drop with refund deadline (the first Friday of class), regardless of whether I complete the class.
- \_\_\_\_\_ 5. Failure to pay my fees by the deadline stated will result in: A hold being placed on my student account, inability to order official copies of my transcripts, inability to register in future classes, and the balance of my student account will be forwarded to an outside collections agency.

**I intend to submit the following form of payment:**

Financial Aid \_\_\_ MyCAA \_\_\_ Tuition Assistance \_\_\_

**Branch of Service (For active duty only):**

Air Force \_\_\_ Army \_\_\_ Coast Guard \_\_\_ Navy \_\_\_ Marine Corps \_\_\_

**Name as it appears on the card:** \_\_\_\_\_

**Type of Card:** Visa \_\_\_ MC \_\_\_ Discover \_\_\_

**Credit Card #:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ **Billing Zip Code:** \_\_\_\_\_ **CVV:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_