ENDICOTT COLLEGE

376 Hale Street • Beverly, MA 01915
PHONE: (A–L): (978) 232-2035; (M–Z): (978) 232-2036 FAX (978) 232-2045

PAYMENT WORK SHEET

Return by payment due date* to avoid a $100.00 late payment fee.

School Assigned ID No. _____

Student Name _____

IF YOU ARE PAYING LESS THAN THE BALANCE ON YOUR BILL, THIS SHEET SHOULD BE FILLED OUT, SIGNED, DATED, AND RETURNED BY THE PAYMENT DUE DATE* IN ORDER TO BE CLEARED FOR CHECK IN.

Balance due on statement $ _____

Less Health Insurance (only if charge appears on statement)
(A waiver must be completed on-line in order to deduct this charge if it appears on your statement. Go to www.gallagherkosterweb.com) - _____

Less Outside Scholarships
(A copy of the scholarship award letter must be sent in order to deduct this.)
Deduct half of the award if the award is for two semesters. - _____

Less Family Loans (if not appearing on statement)
(MEFA, EXCEL, TERI, PLUS, Signature, Gate, Key, Achiever etc.)** - _____

***We must have approval by check in.*

Note: *College Work/Study is not credited to the statement. It is paid directly to the student.*

Less Half of Annual Tuition Pay Contract Amount (if not appearing on statement) - _____

Total Amount Enclosed: **$** _____

❒ I am enclosing a check with this form.

❒ I have paid this balance online.

Total payment must be received by payment due date* to avoid a $100.00 late payment fee and a 1% interest charge per month.

**Payment due dates are August 1 for the Fall semester and January 2 for the Spring semester.*

Note: All payments mailed to the lockbox must have the Student ID# on the check.

_____ _____
Telephone # Student Cell #