

Bill Adjustment Form / Credit Card Payment

Use this form to:

1. Determine the amount due on your bill after adjustments
2. Waive your Student Accident Insurance and/or Health Services Fee
3. Pay your bill by credit card.



Herkimer
THE STATE UNIVERSITY OF NEW YORK

Student Name: _____ ID#: H _____

Optional Fee Waivers

Student Accident Insurance Waiver

To waive the optional student accident insurance, please sign here and enter 40.00 below on line 2. **Note: insurance is mandatory for all student athletes.**

Student Signature: _____

Health Services Fee Waiver

To waive the Health Services Fee, please sign here and enter the amount shown on your bill for the health services fee. Waiving the Health Services Fee excludes you from receiving services offered by our Health Office.

Student Signature: _____

Bill Adjustment Worksheet

1. Enter amount due as shown on Student Bill	\$
2. Waive Accident Insurance (enter 40.00 if you were charged for the insurance)	Subtract —
3. Waive Health Services Fee (see your student bill. \$10.00 for full time students or \$5.00 for part time students)	Subtract —
4. Financial Aid not shown on bill. For example, enter amount of any scholarships for the current semester not shown on your bill. You must provide proof of the scholarship.	Subtract —
5. Tuition —No Proof of Residency. Enter amount shown on your bill for this charge if you enclosed a certificate of residence. The charge only appears if you need to submit a certificate of residence for the current term.	Subtract —
6. Generals Card Starting Balance — Enter the starting balance on your Generals Card as requested on your Generals Card Authorization Form.	Add +
7. Meal Plan Change—If you will be in campus housing and completed the meal plan form to change from Meal Plan A to Meal Plan B, enter \$130 on this line.	Subtract —
8. Meal Plan Added—If off campus or commuter and you completed the meal plan form to add a meal plan, enter the cost of your meal plan on this line.	Add +
Adjusted Total Amount Due. (Pay this amount)	

Credit Card Payment Information

MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> Am Express <input type="checkbox"/> <i>You may also pay online by going to www.herkimer.edu/payment</i>	Card # _____ Expiration Date _____ CVV2# _____ <small>(last 3 digits on back of card)</small> Amount to Charge \$ _____	Cardholder's Signature _____ Cardholder's Address _____ _____ _____ _____
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