

CSCC PAYMENT PLAN CANCELLATION REQUEST

Note: This form is optional; plans may be cancelled by the College per Plan terms set forth

First Name: _____ Last Name: _____

Cougar ID#: _____ Phone Number: _____

Semester: _____

Please cancel my CSCC Payment Plan. I understand that by submitting this form, my outstanding balance for the Semester will be due by the fee payment deadline or immediately upon cancellation of the plan (which ever date is latest). My balance may include charges related to the Payment Plan such as the non-refundable set-up fees and any late payment charges for late payments through the date this form is received. Failure to pay the balance will result in my account being turned over for debt collection to the State of Ohio, Office of the Attorney General.

Signature: _____ Date _____

To submit the completed form:

- Return in person to the Cashiers and Student Accounting Office located in the upper level of Rhodes Hall, Columbus Campus.
- Scan the completed form and e-mail from your Columbus State student e-mail account to stuacct@csc.edu