



**CENTRAL OREGON**  
community college

Enrollment Services - Cashiering  
2600 NW College Way  
Bend, Oregon 97703-5998  
Telephone 541-383-7229

## **COCC PAYMENT PLAN Fall 2026 Eligibility and Payment Summary**

1. Must be enrolled in a minimum of six credits.
2. Students who are in PAST DUE status are NOT eligible for the payment plan until account is paid current.
3. Requires a minimum down payment of one-third of all student account charges, plus a **\$30.00** administrative fee.
4. Payment plan agreements must be signed by the student and submitted in person or to [transcripts@cocc.edu](mailto:transcripts@cocc.edu) by **October 2nd, 2026 by 4:30 pm.**
5. The required down payment and administrative fee will be added to the student account and must be paid online, on or before **5:00 pm on Friday, October 2nd, 2026.** If payments are not completed by the deadline, the payment plan will be reversed and all charges will be due.
6. The balance on the payment plan will be due **Friday, November 6th, 2026 by 5:00 pm.** (Withdrawal from classes or student housing does not cancel this obligation.)
7. Payment plan maximum is \$3,500.00
8. **Late Charge: \$50** if balance not paid on or before **Friday, November 6th, 2026 by 5:00 pm.**
  - I understand that if my account is not paid in full by the due date, it may be turned over to collections for non-payment and a collections fee applied to my student account.
  - I also understand that I cannot register for next term's classes until my account is paid in full.
  - I agree to pay as provided herein the payment plan amount set forth below, together with any late charges or collection charges set forth in the COCC Payment Plan Disclosure of Terms.

**I HAVE READ and AGREE TO THE TERMS STATED ABOVE AND TO THE DISCLOSURE STATEMENT.**

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

**Print Clearly:**

Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**↓ This portion to be completed by the COCC Cashier office staff ↓**

Down Payment Due Date: **October 2nd, 2026** Down Payment Amount: \$ \_\_\_\_\_

Payment Plan Balance Due Date: **November 6th, 2026** Balance Due Amount: \$ \_\_\_\_\_

Submit this form in person at any COCC campus or Email to: [transcripts@cocc.edu](mailto:transcripts@cocc.edu)



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## COCC PAYMENT PLAN

### *Disclosure of Terms*

Disclosure of Terms Related to the Extension of Credit by

#### **Central Oregon Community College**

I understand that the installment payment for Student Charges is an extension of credit to me by Central Oregon Community College (COCC). By utilizing this form of payment, I acknowledge that I am subject to the terms of payment and fees as stipulated in the current college schedule. Failure to adhere to these terms will result in a late fee being assessed to my account.

Withdrawal from classes or Student Housing DOES NOT AUTOMATICALLY CANCEL THIS OBLIGATION and any credits applied to your balance are subject to COCC refund policy.

IT IS FURTHER UNDERSTOOD AND AGREED THAT until my account balance, including fees, is paid in full I will NOT be allowed to register in classes for the following term nor will I be eligible to receive copies of my official transcripts.

If my delinquent amount is placed in the hands of an attorney or collection agency for collection, the above signed promises and agrees to pay holder's reasonable attorney's fees and collection costs. The amount of such reasonable attorney's fees shall be fixed by the court or courts in which the suit or action, including any appeal, is tried, heard or decided. In addition, I authorize the use of my Social Security number in any collection efforts undertaken by the College. The College also has the option of sending past due accounts to the Oregon State Department of Revenue for garnishment of income tax refunds.

**BY SIGNING THE PAYMENT PLAN FORM, I AGREE THAT I HAVE READ ALL DISCLOSURES  
AND UNDERSTAND MY OBLIGATIONS.**