

STUDENT COPY – RETAIN FOR YOUR TAX RECORDS – Return bottom copy with payment

INVOICE DATE Disregard invoice if payment made after date below

06/07/18

PAYMENT DEADLINE DATE If account is past due, payment is **DUE NOW**.
Past due date supersedes payment deadline date.

08/01/18

02DM-
Andor S. Mate
4 Short Street
Westport, CT 06880

IMPORTANT MESSAGE Please note important instructions on back of statement

Welcome to the Fall 2018 semester at SVA!
Please refer to the enclosed letter for important information. You can view your statement and make your payment online at sva.edu/paybill.

18/FA-TERM SEMESTER COURSE SCHEDULE

DEPT	CAT.#	CRED	DEPT	CAT.#	CRED
CID	2000*C	3.0	TOTAL CREDITS: 14.0		
CID	2020*B	2.0			
CID	2050*C	2.0			
AHD	2607*A	3.0			
CID	2108*A	2.0			
CID	2148*B	2.0			

DESCRIPTION OF CHARGES AND CREDITS

UNPAID FINANCIAL AID

DESCRIPTION OF CHARGES AND CREDITS	Amount	Source	Semester	Amount	Status
04/09/18 ENF Paid With AMEX	500.00	Federal Direct Unsub St	18/FA	2969.00	Accepted
09/04/18 Cartooning Dept.Fee	900.00	Federal Direct Sub Staf	18/FA	2227.00	Accepted
09/04/18 Enrollment Fee	500.00	SVA Grant	18/FA	2500.00	Accepted
09/04/18 Health Insurance Fee	1,155.00				
09/04/18 Cartooning Tuition	19,950.00				

13,154.00

DEFERRED PAYMENT

TOTAL CURRENT BALANCE	LESS UNPAID FINANCIAL AID	LESS DEFERRED PAYMENTS ON PAYMENT PLAN	AMOUNT DUE
\$22,005.00	\$7,696.00	\$0.00	\$14,309.00

PLEASE DETACH AND RETURN THIS BOTTOM PORTION WITH YOUR PAYMENT TO: SCHOOL OF VISUAL ARTS, P.O. Box 202859, Dallas, TX 75320-2859.

Payments must indicate your student ID number and must be submitted with this detached remittance slip. Make check or money order payable to School of Visual Arts. DO NOT SEND CASH. All checks and money orders must be made in US dollars drawn from a US bank. Any payments not conforming to these requirements may result in delayed crediting of the student's account and late fees may apply. CORRESPONDENCE AND SCHOLARSHIP CHECKS ONLY must be mailed to: School of Visual Arts, Office of Student Accounts, 209 East 23rd Street, New York, NY 10010.

NAME	ID NUMBER	BILLING DATE	DUE DATE	AMOUNT DUE
Andor S. Mate	1496077	06/07/18	08/01/18	\$14,309.00

METHOD OF PAYMENT	AMOUNT PAID	IF YOU ARE PAYING BY CREDIT CARD, PLEASE PROVIDE CREDIT CARD INFORMATION BELOW	
<input type="checkbox"/> Check or money order	_____	Credit card number	Exp. date
<input type="checkbox"/> VISA	_____	Print cardholder's name	Date
<input type="checkbox"/> Mastercard	_____	Cardholder's signature	Daytime phone
<input type="checkbox"/> American Express or Optima	_____		
<input type="checkbox"/> Discover Card	_____		
<input type="checkbox"/> JCB Card	_____		