



Preparatory Payment Plan Enrollment Form Spring 2016

Please fill out this form for each student taking lessons at CIM and return the form to the CIM Business Office, 11021 East Blvd, Cleveland, Ohio 44106 • businessoffice@cim.edu • Fax (216) 795-3141

STUDENT'S NAME: _____ ID #: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

NAME(S) OF PARENT/GUARDIAN (if applicable): _____

TEL. # _____ EMAIL: _____

CREDIT CARD # _____

EXP. DATE _____ CODE _____

RELATIONSHIP WITH THE STUDENT: _____

TOTAL AMOUNT DUE: \$ _____ (Amount listed on the invoice)

MONTHLY INSTALLMENT: \$ _____ (Total Amount Due / 4)

FIRST INSTALLMENT: \$ _____ + \$20 PAYMENT PLAN FEE = \$ _____

- I understand that payment plans will be established for current semester charges only. I promise to pay the Cleveland Institute of Music all payments detailed in the payment plan agreement by the established deadline.
I understand that the payment plan option comes with a non-refundable \$20 payment plan fee per student per semester, which must be paid with the first installment.
I understand that the payment plan due dates for Spring 2016 semester are December 28, 2015, January 28, 2016, February 28, 2016 and March 28, 2016. Post dated checks are not accepted. Please do not mail post dated checks. Payments are deposited on the date they are received.
I understand that failure to pay all charges by the due date will leave my account subject to a hold and cancellation of my classes. I understand that if I do not resolve my debt, CIM will turn my account over to a Collection Agency.
I understand that if I cancel my payment plan, I will pay the entire balance amount upon cancellation.

Signature of Parent/Student: _____ Date: _____

YOU MUST FILL OUT A PAYMENT PLAN FORM EACH SEMESTER (FALL AND SPRING). THE PAYMENT PLAN OPTION IS NOT AVAILABLE FOR THE SUMMER SEMESTER.