

Monthly Payment Plan Agreement

Name	e	Student ID Number: A00000			
Addre	ess	City	State	Zip	
E-Mail address		Cell Phone #			
<u>Sprin</u>	ng 2017				
•	ubmitting this agreement along with below:	n the required payment an	nd my signature, I am	agreeing to the terms	
1.	. I understand that the payment pla January 12, 2017 Februa	an is based on 4 equal mon	nthly payments of \$ n 13, 2017	due on: April 10, 2017	
2.	 Included with my first monthly pay per semester. 	ment is an additional \$40.0	00 processing fee. Th	nis is a one-time charge	
3.	Any Financial Aid monies awarded to me will be applied to the outstanding balance of my tuition as they are received and the remaining monthly payments will be adjusted, if necessary.				
4.	I must notify the Business Office immediately of any change in my registration that may result in a change in my tuition charges so that my account and monthly payment amount(s) can be adjusted accordingly.				
5.		I may make payments at any time on my account, but my minimum monthly payment must be in the Business Office no later than the dates indicated in paragraph 1.			
6.	6. A late payment fee of \$20 will be	assessed monthly for each	ch past due payment.		
7.	 Notices for monthly payments are records as the reminder for amount 		ease keep a copy of t	his agreement for your	
8.	 If my account becomes delinqued not be able to pre-register for the until the balance is paid in full. 				
9.	 If by the end of the semester I have to a collection agency and I will collection fees. 				
10	0. I agree to all the terms of the agre	eement stated above.			
Stude	ent or Parent Signature		Date		
Autom	matic monthly credit card payments	are available by calling St	udent Accounts at 716	6-961-1883.	