



# Online Undergraduate Fee Schedule and Payment Plan 2014-2015

**Student Accounts**

2500 E. Nutwood Ave.  
Fullerton, CA 92831  
(714) 879-3901 x2202  
FAX (714) 681-7421

## A. Student's Information

ID Number: \_\_\_\_\_

Name: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_  
*Street City State Zip Code*

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

E-Mail: \_\_\_\_\_

## B. Tuition

OUG Major Unit Price	\$480.00
OUG General Unit Price	\$325.00

Number of Units for Fall \_\_\_\_\_

Spring \_\_\_\_\_

2014/15 Tuition \$ \_\_\_\_\_

## C. Student Fees

Technology Fee (\$50.00 Fall; \$50.00 Spring) \$ \_\_\_\_\_

**Total Student Fees for 2014/15** \$ \_\_\_\_\_

## D. Summation of All Fees for 2014/15

Tuition \$ \_\_\_\_\_

Student Fees \$ \_\_\_\_\_

Credit/Balance from prior term \$ \_\_\_\_\_

**Total of All Fees** \$ \_\_\_\_\_

## E. Financial Aid Accepted (Please subtract processing fees from loans as shown on your student portal Award Letter.)

Award Type	Amount
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Total Award Amount(s)** \_\_\_\_\_

*\*include Financial Aid for this term only.*

## F. Total Fees Due

Total for All Fees for 2014/15 \$ \_\_\_\_\_

Less Total Award Amount \$ \_\_\_\_\_

**Total Amount Due from the Student** \$ \_\_\_\_\_

G. Payment Options

1. \_\_\_\_\_ **Single Payment.** One payment for the "Total Amount Due from the Student" as indicated in Section F will be processed \_\_\_\_\_.
2. \_\_\_\_\_ **Installment Payment Plan.** Multiple payments equaling the "Total Amount Due from the Student" as indicated in Section F.  
**Set-up fee is \$40.00 each term to be paid with the first months payment.**  
\_\_\_\_\_ ( \_\_\_\_\_ ) month. \_\_\_\_\_ \$ \_\_\_\_\_ per month.

**Payment plans for the payment plan are due on the 15<sup>th</sup> of each month. \$40 late fees are applied on the 21<sup>st</sup>.**

H. Accepted Methods of Payment (initial method of payment choice) Our preferred method of payment is Automatic withdrawal from a checking account. As a backup option, we also accept credit card payments.

1. \_\_\_\_\_ **Automatic Withdrawal from Checking Account.** The account holder herein authorizes the HIU Business Office to process payments in Accordance with the Installment Payment Plan Schedule by automatically withdrawing the scheduled payment from the Account Holder's checking account. The Account Holder also agrees to provide a cancelled or voided check from this checking account if the Student has selected this method of payment.

Name of Bank: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Routing ID Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

The account holder authorizes the HIU Business Office to process payments in accordance with the Installment Payment Plan Schedule using the checking account card listed above.

Account Holder's Signature \_\_\_\_\_

2. \_\_\_\_\_ **Automatic Credit Card/Debit Card.** The card holder herein authorizes the HIU Business Office to process payments in Accordance with the Installment Payment Plan Schedule by automatically charging the scheduled payment to the card provider.

☐ American Express    ☐ Discover    ☐ MasterCard    ☐ Visa

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Card Expiration Date: \_\_\_\_\_

Card Security Code: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

The card holder authorizes the HIU Business Office to process payments in accordance with the Installment Payment Plan Schedule using the credit card listed above.

Card Holder's Signature \_\_\_\_\_

I. Promissory Note

The Student herein acknowledges, understands, and agrees that (1) the Student has made the informed selections indicated herein, (2) the Student has been given ample opportunity to discuss the contents of this documents with any individual(s) of the Student's own choosing before executing this document, (3) the information provided by the Student herein is true and correct, and (4) the Student will abide by the terms and conditions set forth in this document. The student also understands that failure to meet payments due to the University as indicated on this form (item G), could result in the removal from current or future courses.

Any changes to the number of units and/or the student fees may result in changes to the amount due and owing to HIU. I also understand that it is my responsibility to request any changes to the estimated amounts through HIU's Student Accounts/Financial Aid Office. I further understand that all fees and/or charges are due at the beginning of the academic term, unless I have made payment arrangements as indicated herein. Finally, I understand that I must have a zero balance on my account by the end of each academic term. If I have selected the Installment Payment Plan Option, I herein agree to make the payments indicated by the Installment Payment Plan Schedule. If my account is not paid when due in the amount due, then I acknowledge and understand that I will be responsible for all costs incurred by HIU to collect the unpaid balance due and owing. I also understand that such costs may include, but are not limited to, late fees, collection costs, attorney fees, and court costs. Executed on the date(s) indicated below in the City of Orange, County of Orange, and State of California.

Failure to make consistent monthly payments may result in alternative payment options for future terms.

Executed on the date(s) indicated below in the City of Fullerton, County of Orange, and State of California.

STUDENT

\_\_\_\_\_  
Signature of the Student

\_\_\_\_\_  
Printed Name of the Student

\_\_\_\_\_  
Date