PAYMENT CONTRACT REQUEST FORM

(Print) Last Name                          First Name                                          CIN #

Mailing Address                                                   City                                                   State         Zip code

Home Phone                      Cell Phone                  E-mail Address

Please check the QUARTER and indicate the ACADEMIC YEAR involved with this financial obligation.

QUARTER/SEMESTER:

□ Summer _______  □ Fall _______  □ Winter _______  □ Spring _______  □ other __________

PLEASE SELECT FROM THE FOLLOWING THE TYPE OF OBLIGATION OWED.

□ Financial Aid Overpayment
□ Tuition and Fees
□ Other: ________________________________

Total amount of Financial Obligation: $ ________
Monthly payment amount requested:  $ ________
Date I can make my first payment:  __________

Your plan to resolve balance:

____________________________________________________________________________________

I understand that any Financial Aid/Educational Loans, Tuition and Fees refund or Franchise Tax refund will be applied to the amount still owed.

__________________________________________                        _______________________
Students Signature        Date

If my Payment Contract is approved: □  I would like to pick up my contract on _____________________
□  I would like to have my contract mailed to me.

Office Use only --office use only-

□ Approved       □ Denied       □ Pending Information

First payment due:_______________  Monthly payment amount: $ _________________

Authorized Signature: ________________________________ Date: ________________

(03/16)