

REMITTANCE INFORMATION FORM INSTRUCTIONS

The Remittance Information Form provides an opportunity for you to make appropriate changes to the balance due on the Estimated Billing Statement. Completing and submitting this form will ensure that your student account is properly credited. Please follow the instructions outlined below to complete this form. If you are missing any information referred to, or if you have any questions, call the Business Office. **This form can be completed online and then printed off to be signed, dated and mailed to the Business Office along with your other required forms. Please print a copy for your records also. Calculations will be made automatically as you enter your information.**

Refer to the Fee Classifications for information on various charges.

Top of form: Enter the student's name and ID number as it appears on the Estimated Billing Statement. Enter the permanent address of the student along with the date you are completing the form.

(A) Balance due – per the Billing Statement

Enter the Balance Due for each semester as they appear on your Estimated Billing Statement. Please note there is a column for fall semester and a column for spring semester.

(B) Additions

Please do not add optional fees (such as housing deposit or meal card to this section). The full amount of any optional fees is due August 10. See Optional Fees (H below) for further information.

- FINANCIAL AID DECLINED

If you are not planning to participate in the Federal Direct Loan Program or other financial aid programs that may appear as credits on your Estimated Billing Statement, please list the individual type(s) of financial aid and amounts declined per semester. Note: The Financial Aid Office also requires official notifications in writing.

- MEAL PLAN

If you want to purchase the meal plan of 19 meals per week, add the value per semester on the lines provided. Refer to Schedule of Fees for the correct amount. This meal plan is offered to students who reside in Yergens-Rogers Hall, Warrior Row, or off campus. (Meals are included in the cost of all other residence halls.)

- PROGRAM FEE

A program fee is assessed to all students who major in engineering & sciences, computer sciences, or education. If you are enrolled in any of these majors and a program fee was not listed as a charge on your Estimated Billing Statement, please list the value for each semester on the lines provided. Refer to the Schedule of Fees for the correct amount.

- OTHER ADDITIONS

Please use these lines to indicate other items for which you should be charged. Refer to the Schedule of Fees as necessary. Please provide a description and an amount in the area provided.

Total Additions: This amount equals the total amount of additions per semester.

(C) Deductions

- INSURANCE

All full-time students are required to be covered under a health insurance plan. You may deduct the insurance charge from your Estimated Billing Statement **ONLY IF** the student has another health insurance plan that will cover him/her while a student at the university. This charge is only deducted in the fall semester column. **If you are declining health insurance, the enrollment/waiver form (part of the insurance brochure) must be completed and returned along with a copy of the front and back of the active insurance card. If these items are not received, the student account will be charged for the cost of the insurance premium listed on the Schedule of Fees.**

- NON-UNIVERSITY SCHOLARSHIP

You may deduct a non-university scholarship you received but is not on the Estimated Billing Statement. Please indicate the source of the outside scholarship and the dollar amount per semester. These are usually credited one half of the amount per semester. Enclose a copy of the award letter (s) or other documentation to support receipt of the award.

WORK-STUDY

Work-study is NOT listed on your Estimated Billing Statement and is NOT to be deducted on this form. Work-study funds are paid to the student every other week throughout the year based on the number of hours worked in a work-study position. It is the student's responsibility to check the Indiana Tech job listing for positions available on campus. If students do not seek employment or work their scheduled hours, they will not earn the allotted amount of work-study earnings offered.

CONTINUED

• OTHER DEDUCTIONS

Detail any other deductions (deletion of housing, etc.) on the Remittance Information Form.

NOTE: Direct Stafford and Direct Parent Loan for Undergraduate Students (PLUS) loans. The Financial Aid Award Notice lists the gross amount of each loan; the Billing Statement uses the NET LOAN AMOUNT because federal regulations provide for an administrative fee charged by the Department of Education. This fee is deducted from the gross amount borrowed before the loan proceeds are sent to Indiana Tech. For example, a Direct PLUS Loan for the fall on the Financial Aid Award Notice is listed as \$2,000. On the Billing Statement it will be listed as \$1,920 or (\$2,000 less 4.00%). If you are deducting a new parent loan on the Remittance Information Form, you must use the net amount (the amount of the loan less 4.00%). Under the Direct Loan program a 1.00% origination fee will be deducted from all Direct Subsidized and Direct Unsubsidized Stafford Loans.

Total Deductions: This amount equals the total amount of deductions per semester.

(D) Revised Balance Due

The Revised Balance Due equals the Balance Due (A), plus the total of the additions (B), less the total of the deductions (C).

**At this point you must choose one of the Payment Options listed below and enter the information required.

(E) Payment Option #1: This method is to pay the entire revised balance of tuition and fees for the year in one payment. This balance is due August 10. Click the check box to enter a check mark if choosing this payment option, and the revised amounts from above will fill in.

OR

(F) Payment Option #2: The traditional method is to pay fees in two installments, one at the beginning of each semester. Click the check box to enter a check mark if choosing this payment option and the revised amounts from above will fill in. Fall semester balance is due August 10. An invoice will be sent for the spring semester payment which is due January 10. Complete the name and address section for the person responsible for payment.

OR

(G) Payment Option #3: Indiana Tech offers a monthly payment plan that allows you to pay in nine (9) equal installments. Click the check box to enter a check mark if choosing this payment option. The revised amounts from above will fill in and calculate the total amount you will use to set up monthly payments with Tuition Management System (TMS). **Continued participation in this payment plan is contingent upon a satisfactory payment history. Indiana Tech reserves the right to deny continued participation to anyone who has previously not complied with the terms of the payment plan agreement.**

(H) Optional fees. These fees are due August 10 and are payable to Indiana Tech.

- **HOUSING DEPOSIT:** Check this box if you plan to live in a residence hall and **if you have not paid it previously**. Also verify with the residence director that a Housing Application has been completed. **A room will be reserved only if a deposit has been paid and a Housing Application completed.**
- **100 MEAL CARD PURCHASE:** Check this box if you live in Yergens-Rogers Hall, Warrior Row, or off campus and wish to purchase a 100 meal card.
- **50 MEAL CARD PURCHASE:** Check this box if you live in Yergens-Rogers Hall, Warrior Row, or off campus and wish to purchase a 50 meal card.
- **IN-ROOM LAND LINE PHONE LEASE:** Check this box if you live in any of the residence halls and wish to lease a university owned land line phone in your room.

The total for the optional fees that you have checked will be calculated in the far right column.

(I) This is the total amount due and payable to Indiana Tech. **SUBMIT YOUR PAYMENT** along with the required documents to Indiana Tech Business Office by August 10.

NOTE: If you chose Payment Option 3, the amount on line I (optional fees total) must be **submitted to Indiana Tech Business Office** by August 10. These fees **cannot** be added to the monthly payment plan. **Monthly payments need to be paid directly to TMS. The first payment must be remitted to them by August 10.**

NOTE: If the total due results in a credit balance, no payment is required. However, you **MUST** submit required documents (see Clearing Checklist) to Indiana Tech Business Office on or before August 10.

(J) Print two copies of completed form, sign and date one copy, and mail to Business Office with other required forms from Clearing Checklist. Keep the second copy for your records.

Indiana Tech reserves the right to verify/override any adjustments made on the Remittance Information Form.

INDIANA TECH

Remittance Information Form

(please print legibly)

Student Name _____

ID Number _____

Permanent Address _____

Date _____

Adjusting the balance to pay:	Description	Fall Amount	Spring Amount
A	Balance Due - per the Billing Statement	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
B	Additions:		
	Financial Aid Declined _____	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	Meal Plan (19 meals per week) _____	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	Program Fee _____	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	Other Addition (please list) _____	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	Total Additions _____	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
C	Deductions:		
	Insurance (must submit waiver & copy of front & back of insurance card) _____	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	Non-University Scholarship _____	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	Other Deduction _____	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	Total Deductions _____	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
D	Revised Balance Due per Semester _____	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	Revised Balance Due for Year _____	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

E Payment Option #1
 Elect to pay fees in full
 Fall balance from line D above _____
 Spring balance from line D above _____
 This amount is due 8/10/11 _____ = _____

F Payment Option #2:
 Elect to pay in 2 installments.
 Fall semester balance from line D above. This amount is due 8/10/11 _____
 Spring semester balance from line D above. This amount is due 1/10/12 _____
 Name of person responsible for payment _____
 Address of person responsible for payment _____

For Payment Options #1 or #2:
 Please mail payment to Indiana Tech Business Office, 1600 E. Washington Blvd, Fort Wayne, IN 46803
 OR
 Visit www.IndianaTech.edu, choose Current Students, Online Tools, Online Payments and pay the amount due.

G Payment Option #3
 Elect to pay in nine (9) equal monthly installments
 Fall semester balance from line D above _____
 Spring semester balance from line D above _____
Total amount to be setup on payment plan with TMS _____ = _____
Payment Plan will be administered by a third party TMS (Tuition Management System).
Go to www.afford.com, choose Students and Families, then Enroll in a Payment Plan.

H Optional Fees - check the applicable box (s). These fees are due 8/10/11; they cannot be added to the monthly payments.

Housing Deposit - \$350.00	<input type="checkbox"/>	}	
100 Meal Card - \$625.00	<input type="checkbox"/>		<input style="width: 100%;" type="text"/>
50 Meal Card - \$330.00	<input type="checkbox"/>		
In-Room Land Line Phone Lease - \$150.00	<input type="checkbox"/>		

I Total due to Indiana Tech on or before August 10, 2011 _____

I understand that changes in credit hours, housing assignments, financial aid and other items could change the amount owed.

I understand that I will be responsible for paying all reasonable collection costs, including attorney fees and other charges, if my account must be turned over to a collection agency.

J Student Signature _____ **Date** _____

Parent, Guardian or Sponsor Signature _____ **Date** _____