

INDIANA TECH

PAYMENT PLAN FORM

*****Complete for either the Semester or 9-month option*****

PAYMENT PLAN FORM-

Academic Year 20__-20__

ID # _____

Student Name _____

Bill To Name (Printed) _____

Billing Address _____
Street City State Zip

Any subsequent adjustment to the charges or financial aid may require a revision to your payment plan. 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.

Semester Plan:

AUGUST 10 _____

DECEMBER 10 _____

9-month plan:

AUGUST 10 _____

JANUARY 10 _____

SEPTEMBER 10 _____

FEBRUARY 10 _____

OCTOBER 10 _____

MARCH 10 _____

NOVEMBER 10 _____

APRIL 10 _____

DECEMBER 10 _____

**Total

****Total must match Line D, Revised Balance Due on the Remittance Information Form.**

If the balance is not paid in full by April 30 of the payment plan year, 1.5% may be charged each month on the unpaid balance until the balance is paid in full.

I authorize the university to apply any credit I have, including any balance from my student employment wages, to my account at the end of the school year or at the end of my enrollment.

If I do not make my payments, the university has the right to take steps to collect the balance due including but not limited to the following: withholding course credits, academic transcripts and diploma until the balance is paid; turning over the account to a collection agency; taking legal action to collect the balance due. In the event the university has to incur any expenses collecting this account, I agree to pay all the cost of collection. This includes, but is not limited to, a collection agency fee and/or reasonable attorney fees. I authorize the university to release financial information about my account to those concerned with collecting the balance due.

Student Signature

Date

Parent Signature

Date

I authorize the university to charge my debit or credit card for the amounts due listed above. Complete the card information below.

I prefer to go online at www.IndianaTech.edu, Current Students, Online Tools, Online Payments and pay the total due listed above. Do not complete the information below.

Circle card type: VISA MasterCard Discover American Express Last 3 digits from the back of the card _____

Card # _____ Circle: Debit or Credit Exp. Date: Month _____ Year _____

Cardholder Signature _____ Printed Name _____