

INDIANA TECH

Remittance Information Form (please print legibly)

Student Name: _____ Student ID: _____

Permanent Address: _____ Date: _____

Adjusting the balance to pay:	Description	Amount	
A	Balance Due - per the Billing Statement		\$ <input type="text"/>
B	Additions:		
	Financial Aid Declined	\$ _____	
	Meal Plan (19 Meals per Week)	\$ _____	
	Program Fee	\$ _____	
	Other Addition (please list)	\$ _____	Total + \$ <input type="text"/>
C	Deductions:		
	Insurance (see instructions)	\$ _____	
	Parking Fee (complete waiver form)	\$ _____	\$ <input type="text"/>
	Non-University Scholarship	\$ _____	
	Deferred Billing Fee	\$ _____	
	Other Deduction	\$ _____	Total - <input type="text"/>
D	Revised Balance Due		= \$ <input type="text"/>

E **Payment Option #1**
Elect to pay fees in full (Enter the value of D here) \$

or

F **Payment Option #2:**
Elect to pay in 2 installments (Divide D by 2 and enter amount here). Second payment will be due 12/10/10 \$
Complete the Payment Plan Form also.

or

G **Payment Option #3**
Elect to pay in nine (9) monthly installments (Divide D by 9 and enter amount here) \$
Complete the Payment Plan Form also. 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 - check the applicable box (s)

Dorm Deposit	<input type="checkbox"/>	\$350.00	}	\$ <input type="text"/>
100 Meal Allowance	<input type="checkbox"/>	\$598.50		
50 Meal Allowance	<input type="checkbox"/>	\$316.00		
In-Room Land Line Phone Lease	<input type="checkbox"/>	\$150.00		

I **Total due on or before August 10 - Payment Option PLUS the total of H** \$

I authorize the university to apply any credit balance 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.

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** _____

I authorize the university to charge my debit or credit card for the total due (I) listed above. Complete the card information below.
 I prefer to go online at www.IndianaTech.edu, choose Current Students, Online Tools, Online Payments and pay the total due (I) listed above.
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** _____

This form must be completed and returned with your payment and backup documentation. Retain the carbon for your records.