

Advance Registration Tuition Payment Plan Promissory note *PLAN-A*

Name _____	ID# _____	Term FALL 2007	Date _____
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Please let this letter serve as official confirmation that I accept on behalf of Northeastern Illinois University the payment plan, the sum of \$ _____ for the tuition and fees, pursuant to an in accordance with the payment plan schedule set below.

Note: If my financial aid/grants exceeds my tuition and fees balance, this payment plan will be voided. However, If my financial aid/grants does not cover my entire tuition and fees balance, the credits will automatically be adjusted accordingly to the new adjusted amount due column.

*****REPAYMENT SCHEDULE:** Confirmation Payment of **\$150.00** is due by **May 9, 2007**.

- If you add or drop classes after the initial confirmation the amount due will change and your credit card will be charged accordingly.

PAYMENT	DUE DATE	% charged	AMOUNT DUE	ADJUSTED AMOUNT DUE
2 nd	June 13, 2007	20%		
3 rd	July 11, 2007	20%		
4 th	Aug 8, 2007	20%		
5 th	Sept 12, 2007	20%		
6 th	Oct 10, 2007	Remaining balance		

If your account is not paid in full by the above date then your account will be charged a one time per semester non-refundable \$50.00 fee.

***I understand that if payment is not made by May 9, 2007 my confirmation will be cancelled and Registration subject to cancellation.

I am requesting to have my monthly payment to be automatically charged according to the payment plan due date and amount due for the above schedules with the university. Credit Card payment Initial _____ I agree to an automatic deduction

Card Holder Name _____ Credit Card Number _____ - _____ - _____ - _____

__ Visa __ Master Card Expiration Date _____

I also agree to the following additional terms and conditions:

- There are no finance or interest charges.
- The Institution shall have the right to withhold academic records, including transcripts, certifications and diplomas until this account is paid in full.
- The Institution shall have the right to refuse to set up next term pay plan until this account is paid in full.
- The Institution shall have the right to turn over my account to a collection agency and to the state offset system without any further notice.
- The Institution shall have the right to withhold any refunds or other monetary credits, which may come due to me during the life of this agreement and apply any credits to the unpaid balance of this obligation to reduce my indebtedness.
- The hold will not be removed until the balance is paid in full.
- I shall promptly notify the Office of the Bursar if:
- I change my name or address, or I cannot make my scheduled monthly payment for any reason
- I understand that NEIU will contact the below listed reference in the event that NEIU is unable to contact me for any reason.
- Any refunds due me will be processed beginning September 19, 2007.

Reference Name (First, Last name)	Reference Phone#	Relationship
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Please be aware that all payments must be processed by the due dates. Payments not processed by the due dates will constitute immediate revocation of the agreement and your account will be turned over to a collection agency and to the state offset system without any further notice. I appreciate your willingness to make good on this debt and hope the above terms meet with your satisfaction. Please sign below and return.

Student Signature	Phone#	Date
Accounts Receivable Signature	Phone#	Date