

**Northeastern Illinois University
Accounts Receivable Department**

Name: _____

SS#: _____

I am electing to defer my payment for tuition and fees for _____ with the university. My method of payment will be:

Credit Card payment

1st payment upon receipt Amount _____

2nd payment by published date in the Schedule of Classes Amount _____

3rd payment by published date in the Schedule of Classes Amount _____

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

__ Visa __ Master Card Expiration Date _____

I agree to and understand that my 2nd & 3rd payments are due by the dates shown above. I understand and agree to my credit card being automatically processed and my credit card account being charged.

Phone#

Date

A/R Staff

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