



**2012-13 STUDENT FEE
PAYMENT PLAN APPLICATION
JUNIORS**

I request enrollment in the IMSA Student Fee Payment Plan ("Plan"), and I agree to abide by the terms and conditions of the plan, as set forth below:

1. **Initial payment is due on or before Registration Day, and the remaining eight payments are due on or before the 1st day of each month, starting October 1, 2012, and ending May 1, 2013.**
2. Monthly payments will be automatically charged to the credit card number I provide on the *Recurring Credit Card Payment form*. I agree to notify IMSA in writing of any changes to my credit card information 15-days prior to the next due date.
3. A \$5 handling fee is added to each payment made under the Plan. If I have submitted the National Programs Application to receive a student fee reduction, the Business Office will notify me of my Plan payment amounts. **Otherwise, my initial Plan payment will be \$317, and my remaining eight monthly payments will be \$311 each.** The \$5.00 handling fee is included in these amounts.
4. **Monthly billings and statements will not be issued by the Academy** and it is my responsibility to make sure funds are available in my credit card account, according to the Plan's due dates. Declined credit card charges must be satisfied immediately upon notification from the Academy and they are subject to a \$25 processing fee in addition to the normal payment handling fee and any applicable late payment fee. **A \$10 late payment fee will be assessed each month for balances that fall in arrears beyond the payment due date.**
5. A student may not be allowed to re-enter the Academy's residency program at the beginning of an academic term, and IMSA will not issue a student's transcript if his or her account balance is in arrears. I will be notified at the end of each semester if my student's account is in arrears.
6. Should circumstances result in my student's withdrawal on or before May 1, 2013, unpaid balances or refunds due will be calculated in whole month increments based on the official withdrawal date. A payment due on the 1st day of the month will be refundable only if the withdrawal takes place on or before that day. Withdrawals after the 1st day of any month will result in the assessment of that month's full obligation.

I acknowledge the Plan terms and conditions listed above and agree to abide by them.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____ (Please Print) Parent/Guardian SS#: _____
(Information Required by Illinois Comptroller's Office)

Address: _____
Street City State Zip

Phone Number: () _____

Student Name: _____
(Please Print)

Class Of: 2014

ALL APPLICATIONS ARE CONSIDERED CONFIDENTIAL

COMPLETE BOTH PAGES OF APPLICATION



STUDENT FEE PAYMENT RECURRING CREDIT CARD PAYMENT AUTHORIZATION FORM

By completing the information below you are authorizing IMSA, on the first business day of each month, to charge your monthly student fee payment to the credit card you specify. The final monthly student fee payment for the 2012/2013 school year will be May 3, 2013.

The authority you give IMSA to charge your account will remain in effect until May 31, 2013 unless you notify IMSA in writing to terminate the authorization. You will be required to complete a new Recurring Payment Authorization Form at the start of each school year.

Please complete this authorization form and mail or fax to Ann Donohue, IMSA Business Office, 1500 Sullivan Road, Aurora, IL 60506-1000; phone 630-907-5031; fax 630-907-5030

Please complete the information below:

Start Date: Month: October, Year: 2012

Monthly Student Fee: \$306.00

Fee Per Transaction: 5.00

Total Amount of
Each Monthly
Payment: \$311.00

Credit card ☐ Visa ☐ MasterCard

Cardholder name:

Account number:

Expiration Date

Card Verification Digits
(From back of credit card)

Card Billing Address:

City, State, Zip:

Phone number:

e-mail address:

Student Information: (complete separate form per student)

Student Name:

Student ID#:

Year Student Graduates:

Class Of 2014

I, _____ authorize the Illinois Math and Science Academy to charge my account for the amount and frequency indicated above.

I also agree to notify IMSA in writing of any changes in my account information or termination of this authorization 15 business days prior to the next due date of the charges indicated above.

SIGNATURE: _____ DATE: _____