Illinois Mathematics and Science Academy **Business Office** 1500 Sullivan Road Aurora, Illinois 60506-1000



2012-2013 STUDENT FEE PAYMENT FORM CLASS OF 2014

| Stu | dent Name: | | | |
|------------|---|--|---|-------------------|
| | | | (Please Print) | |
| Hon | ne Address:_ | (Street) | | |
| | | (City) | (State) | (7in) |
| | | (City) | (State) | (Zip) |
| Davi | | | | |
| Pay | ment Option (| check the box that applies): | П | |
| | | Payment in full | Payment Plan * | |
| | | \$2,760.00 | \$317.00 | |
| _ | | | | |
| NOTE | : If you have submit | ial payment of: \$ tted a National Programs Applica | tion for 2012-2013, the Business Office will no | otify you of your |
| initial | payment amount. | | | |
| | | | a completed <u>"Payment Plan App</u> | lication" and |
| <u>"Re</u> | <u>curring Credit (</u> | <u>Card Payment form"</u> mu | st be enclosed. | |
| <u>Pay</u> | ment Method | (check the box that applies): | | |
| | 2h. /a | | | |
| | ےasn: (Cash paym | ents must be made in person a | at IMSA Business Office.) | |
| | Check/Money Order: (Make payable to "IMSA" and print student name and I.D. number on check/mone order face.) | | | |
| | √isa or □ Mas | ter Card (Please provide info | ormation below.) | |
| | Credit Card N | Number: | | |
| | | | | |
| | Card Verification Digits (3-Digit Number found on back of credit card on signate Credit Card Expiration Date: | | | <i>;</i>) |
| | | | | |
| | Cardholder N | lame: | | |
| | 0 15:11: | N 1 1 | (Please Print) | |
| | Card Billing A | Address: | | |
| | City, State, Z | ip: | | |
| | Phone Numb | oer: | | |
| | E-mail Addre | ess: | | |
| | Cardholder S | Signature: | | |