



**2015-2016 STUDENT FEE
PAYMENT FORM
CLASS OF 2017 (JUNIOR)**

Student Name: _____ **ID#:** _____
(Please Print)

Home Address: _____
(Street)

(City) (State) (Zip)

Payment Option (check the box that applies):

☐
Payment in full
\$4,500.00**

☐
Payment Plan *
\$505.00

Enclosed is my initial payment of: \$ _____

NOTE: If you have submitted a National Programs Application for 2015-2016, the Office of Business and Financial Services will notify you of your initial payment amount.

* If you selected the payment plan option a completed "Payment Plan Application" and a "Recurring Payment form" must be enclosed. You will also be required to provide your Social Security Number on the Payment Plan Application.

** A \$5 service fee will be deducted from any and all partial Student Fee Payments that are received.

Payment Method for full fee payment or initial fee payment (check the box that applies):

- ☐ **Cash:** (Cash payments must be made in person at IMSA Office of Business and Financial Services.)
- ☐ **Check/Money Order:** (Make payable to "IMSA" and print student name and I.D. number on check/money order face.)
- ☐ **Visa or** ☐ **Master Card** ☐ **Discover Card** (Please provide information below.)

Credit Card Number: _____

Credit Card Expiration Date: _____

Card Verification Digits (3-Digit Number found on back of credit card on signature line): _____

Cardholder Name: _____
(Please Print)

Card Billing Address: _____

City, State, Zip: _____

Phone Number: _____

E-mail Address: _____

Cardholder Signature: _____