Illinois Mathematics and Science Academy Office of Business and Financial Services 1500 Sullivan Road Aurora, Illinois 60506-1000

2016-2017 STUDENT FEE PAYMENT FORM CLASS OF 2018 (JUNIOR)



Student Name: _	ID#:			
	(Please Print)			
Home Address: _	(Street)			
_				
	(City)	(State)	(Zip)	
Payment Option	(check the box that applies):			
	Payment in full	Payment Plan*		
	\$4,590**	\$560**		
NOTE: If you have subminotify you of your initial p	payment amount.	or 2016-2017, the Office of Business and Fir		
* If you selected the payment plan option a "Payment Plan Application" and a "Recurring Payment form" must be completed. You will also be required to provide your Social Security Number on the Payment Plan Application.				
** NEW, STARTING THIS YEAR: With or without an application, a onetime non-refundable \$50 service fee will be deducted from the first partial Student Fee Payment that is received for a student's Student Fee balance. A service fee will not be deducted from a full-fee payment.				
Payment Method for full fee payment or initial fee payment (check the box that applies):				
Credit card: □ Visa □ N	MasterCard □ Discover Card	(or) Bank Information: □ C	Checking	
		Bank Account		
Cardholder name:		Holder Name:		
		Bank Name:		
Account number:		Bank Account Holder Address:		
Expiration Date	, Card Verification Digits	_		
Card Billing Address:		Routing Number (must be 9-digits long):		
Phone number:		Phone number:		
e-mail address:		e-mail address:		

Card/Bank-account holder Signature: