



**2016-2017 STUDENT FEE
PAYMENT FORM
CLASS OF 2019 (SOPHOMORE)**

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

Home Address: _____
(Street)

(City) (State) (Zip)

Payment Option (check the box that applies):

☐
Payment in full
\$4,800**

☐
Payment Plan*
\$586**

Enclosed is my initial payment of: \$ _____

NOTE: If you have submitted a National Programs Application for 2016-2017, the Office of Business and Financial Services will notify you of your initial payment amount.

* 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.

** **SERVICE FEE:** 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):

<p>Credit card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Card</p> <p>Cardholder name: _____</p> <p>Account number: _____</p> <p>Expiration Date _____, Card Verification Digits _____ <i>From back of credit card</i></p> <p>Card Billing Address: _____</p> <p>City, State, Zip: _____</p> <p>Phone number: _____</p> <p>e-mail address: _____</p>	<p>(or) Bank Information: <input type="checkbox"/> Checking <input type="checkbox"/> Savings</p> <p>Bank Account</p> <p>Holder Name: _____</p> <p>Bank Name: _____</p> <p>Bank Account Holder Address: _____</p> <p>Routing Number (must be 9-digits long): _____</p> <p>Account Number: _____ (Please attach one voided check to this form)</p> <p>Phone number: _____</p> <p>e-mail address: _____</p>
---	--

Card/Bank-account holder Signature: _____