



**2018-2019 STUDENT FEE
 PAYMENT FORM
 CLASS OF 2020 (JUNIORS)**

Student Name: _____ **ID#:** _____
 (Complete a separate form per student) (Please Print)

Home Address: _____
 (Street)

 (City) (State) (Zip)

Payment Option (check the box that applies):

Payment in full
 \$4,920**

Payment Plan *
 \$602**

Enclosed is my initial payment of: \$ _____

NOTE: If you have submitted a National Programs Application for 2018-2019, the Office of Business and Financial Services will notify you of your initial payment amount.

* If you selected the payment plan option, pages two (2) and three (3) ("*Payment Plan Application*" and "*Recurring Payment authorization form*") must be completed. The student's parent or guardian will also be required to provide their Social Security Number on the Payment Plan Application.

** 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.

*** If you complete the payment registration process online during summer registration (May 15th through July 15), you do not need to complete a paper form.

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 _____ <small style="margin-left: 200px;">From back of credit card</small></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 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>
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Card/Bank-account holder Signature: _____



**2018-2019 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:

- Initial payment is due on or before July 15, 2018, and the remaining eight payments are due on or before the 1st day of each month, starting October 1, 2018, and ending May 1, 2019.**
*Initial payments will be processed upon receipt in the IMSA Office of Business and Financial Services.
- Monthly payments will be automatically charged to the credit card number or to the bank account, I provide on the *Recurring Payment form*. I agree to notify IMSA in writing of any changes to my credit card or bank account information 15-days prior to the next due date.
- A onetime non-refundable \$50 service fee is added to the initial payment made under the Plan. If I have submitted the National Programs Application to receive a student fee reduction, the Office of Business and Financial Services will notify me of my Plan payment amounts. **Otherwise, my initial Plan payment will be \$602, and my remaining eight monthly payments will be \$546 each.** The \$50.00 service fee is included in the initial Plan payment amount.
- 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 or bank account, according to the Plan’s due dates. Declined credit card, or reissued or returned bank account 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 service 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.**
- 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.
- Should circumstances result in my student’s withdrawal on or before May 1, 2019, 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: 2020



**STUDENT FEE PAYMENT
RECURRING PAYMENT AUTHORIZATION FORM**

By completing the information below, you are authorizing IMSA, on the first day of each month, to charge your monthly student fee payment to either the credit card or to the bank account, you specify. The final monthly student fee payment for the 2018/2019 school year will be May 1, 2019.

The authority you give IMSA to charge your account will remain in effect until May 31, 2019 unless you notify IMSA in writing to terminate the authorization. If you terminate the authorization before your balance is zero, you will be required to immediately pay your remaining balance in full. You will be required to complete a new Recurring Payment Authorization Form at the start of each school year.

If you complete the registration process online during summer registration (May 15th through July 15), you do not need to complete a paper form. If you decide not to complete the process online, please complete this authorization form and mail or fax to Ann Donohue, IMSA Office of Business and Financial Services, 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: 2018

Total Amount of Each
Recurring Monthly Student Fee
Payment: \$546.00

Student Information: (complete separate form per student)	Year Student Graduates: <u>Class Of 2020</u>
Student Name: _____	Student ID#: _____

- Check box if "recurring payment" information is the same as the "initial fee payment" information from page one. No need to fill the same information out twice. Will also need to sign and date at the bottom of this page.

Credit card: Visa MasterCard Discover Card

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: _____

(OR) Bank Information: Checking Savings

Bank Account
Holder Name: _____

Bank Name: _____

Bank Account Holder Address:

Routing Number
(must be 9-digits long): _____

Account Number: _____
(Please attach one voided check to this form)

Phone number: _____

e-mail address: _____

I, _____ authorize the Illinois Math and Science Academy to charge my account for the amount and frequency indicated above. I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this payment plan. 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: _____