PAYMENT PLAN

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Student Name:	
Student ID:	
Date:	
Schedule ID:	
Requested By:	
Approved By:	

PAYMENT PLAN

This Payment Plan is a contract to pay for the tuition and fees the student has registered for during this specific academic term. I understand and agree that if this Payment Plan is not fulfilled, the student may not be able to register or receive academic records until paid in full.

BILL TO

Name: ______________________________

Address: ______________________________

City, ST, Zip: ______________________________

Phone: ______________________________

Email: ______________________________

QTY	DESCRIPTION (Fees/Course Title)	TYPE	DOWN	REMAINDER
		SUBTOTAL	$	$
		TOTAL (Down + Remainder)		$
			DOWN	$
			TOTAL DUE	$

Important Information

1. Payments must be automatically billed each month.
2. The down payment must include all fees and at least $100 for each class.
3. Additional payments will be balance divided by the rest of the term.
4. The specific terms of this plan are:
   ________ per month for ________ months

START DATE: ____________________

END DATE: ____________________

I authorize NPSI or NPSI assignee(s) to make electronic fund transfers from the bank account or debit/credit card identified below for the amount described on this Payment Plan for products under this Agreement. This authorization shall remain in full force and effect until the total amount due has been collected.

Customer Name: ______________________________

Checking Account: **Routing Number:** **Account Number:**

Bank Name: ______________________ __

Credit/Debit Card: **Card Number** **Expiration: MO/YEAR** **CVC:**

V M D A __ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __ __ __/__ __ __ __ __ __ __

Signature: ______________________________ Date: ____________________

Learn Today So That You May Live Tomorrow!