CARROLL COLLEGE BUSINESS OFFICE

Fall Semester 2009 Installment Payment Agreement

Complete and return this agreement ONLY if you choose to pay in monthly installments.
Installment plans will include tuition, fees, room and board, and health insurance. If you have any questions, please contact us at 406-447-5547.

STUDENT _____ **ID #** _____
(Last) (First) (M.I.)

Birth date_____ **Driver's license #** _____ **State** _____

BILLING CONTACT INFORMATION

Name_____

Street_____

City_____ State_____

Zip_____ Telephone_____

E-Mail address_____

STUDENT CAMPUS MAIL OR OFF-CAMPUS ADDRESS

Campus Box Number_____

Street_____

City_____ State_____

Zip_____ Telephone_____

Carroll E-Mail address_____

ENROLLMENT STATUS (*check one*)

____ Full Time ____ Part Time ____ Post Baccalaureate Number of credits:_____

The balance of your student account for Fall Semester 2009 is to be paid in five monthly installments as follows:

20% of the Balance*	Initial Payment	due July 1st
20% of the Balance	Second Payment	due August 1st
20% of the Balance	Third Payment	due September 1st
20% of the Balance	Fourth Payment	due October 1st
Balance of Account	Final Payment	due November 1st

*The Initial Payment will be 20% of the semester balance PLUS any remaining charges from the previous semester.

The Amount of the final payment may be greater than or less than the scheduled payment amount due to charges or credits made to your account after the payments were calculated. Extra charges incurred during the course of the semester may include, but are not limited to, added classes, room and meal plan changes, Wellness Center charges, parking fines, dorm fines and library fines. If payment is not received by the tenth of the month a late payment fee of $25.00 will be charged. If any installment payment is 90 days past due, the entire balance is immediately due and payable and interest will be charged at the rate of 12.00% annually on the unpaid balance. Non-payment could result in legal action and you would be responsible for reasonable attorney, court and collection fees as allowed by law.

☐ **I hereby authorize Carroll College to give information about my student account to the person designated as Billing Contact. This includes information on charges and credits to the account as well as balance information.**

I have read and agree to the terms of this document:

Signature of Student:_____ **Date**_____

Please include your payment of $35.00 installment set up fee with this agreement and mail to Carroll College Business Office * 1601 N Benton Avenue * Helena MT 59625-0002

Your Installment Payment Schedule will be sent to your Carroll e-mail address within five days after we receive this signed agreement and the $35.00 set up fee.