

TRINITY MONTHLY PAYMENT PLAN

FALL 4 MONTH

Name: _____ ID Number: _____
Last First M.I.

Billing Information:

Address: _____ Phone: _____ Email: _____
City: _____ State: _____ Zip Code: _____ I am a(n): Undergraduate Graduate

Step 1 - CALCULATE BALANCE DUE:

Written below is your monthly payment plan details. This document is estimated based on your current registration. If any changes are made, your payment plan may be updated. Feel free to contact the Student Accounting Office if you have questions about the amount due listed on this document.

Enter the Total Semester Charges \$ _____
Subtract the Total Semester Aid Applied \$ _____
Equals the Balance Due \$ _____

Step 2 - CALCULATE MONTHLY PAYMENT:

Please complete the step below to indicate your agreement to the terms and conditions of this program.

Total Due From Step 1 \$ _____
Divide Total by 4= Monthly Payment Due \$ _____

FOR OFFICE USE ONLY	
Aug	\$ _____
Sept	\$ _____
Oct	\$ _____
Nov	\$ _____

Monthly payment in full must be submitted in order to avoid a \$50 late fine each month.

First month charges will occur on **Aug 15th**.

- I do not wish to enroll in automatic payments and will be making monthly payments on my own. (Skip Steps 3 and 4)
- I authorize charging my checking/savings account listed in Step 3 automatically each month. (Skip Step 4)
- I authorize charging my account listed in Step 4 automatically each month. (Skip Step 3)

Step 3 -ACH Debit DATA

I affirm that I am the legal owner and/or authorized user of the account below.

Account Number _____	Account Type _____
Routing Number _____	Bank Name _____
Bank Address _____	
Name on Account _____	
Acct Holder Signature _____	Date _____

Step 4 -CREDIT CARD DATA

I affirm that I am the legal owner and/or authorized user of the credit card below.

Credit Card Number _____	Exp. Date _____/_____/_____
Name on Card _____	International Card: YES NO
Card Billing Address _____	
Cardholder Signature _____	Date _____

Step 5 - Trinity Alternative Payment Plan (TAPP) Terms and Conditions:

Payments are due on the 15th of each month. A \$50 LATE FINE is charged for any payments received after 5 days late. Financial aid must be applied to the outstanding balance. If these funds cover the balance in full, this payment plan will no longer be in effect. Any future adjustments, reflected on the monthly bills, to the student's account (tuition, financial aid, and/or fines) are the responsibility of the plan participant. Any delinquent accounts will be charged a monthly 1% deferment fee after the last payment date. In addition, any student with an outstanding balance will not be able to register for the next semester. Please contact us with any questions. By signing below I agree to these terms and conditions of this payment plan along with any outstanding fees and collection costs (including and without limitation: penalties, late fees, collection agency fees, attorney fees and court costs) incurred.

Student Signature: _____ Date: _____

Please Return Form to: Student Accounting
2065 Half Day Road
Deerfield, IL 60015-1241

Fax to 847-317-7009
Questions?: 847-317-8080