(210) 556-1697

www.ICCSonline.net

PAYMENT PLAN

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 understand that ICCS will send an invoice for the amount due, which will include the installmanet/payment plan. I must authorize the plan once I receive it. ICCS installment plans are condited through PayPal; ICCS does not receive specific finaicial information (credit card numbers, bank accounts, etc.). This authorization shall remain in full force and effect until the total amount due has been collected.

Disciples Making Disciples Who Make Disciples