

Installment Payment Plan

Upon Registering, all students must decide upon a Payment Plan and submit this form to the Finance Department

LAST NAME: _____ FIRST NAME: _____

PHONE: _____ EMAIL: _____

PROGRAM: _____ TERM: _____ STUDENT ID: _____

Tick
One

INSTALLMENTS :

<input type="checkbox"/>	2 Months Plan	First Payment	1/2 of total fee before the first day of class.
		Second Payment	Balance 1/2 of fee within the first month of class with \$25 interest charge.
<input type="checkbox"/>	3 Months Plan	First Payment	1/3 of total fee before the first day of class.
		Second Payment	1/3 of total fee within the first month of class with \$50 interest charge.
		Third Payment	Balance 1/3 of fee within the second month of class with \$50 interest charge.

I would like to pay according to Payment Plan. I understand and agree that failure to pay all charges by the agreed payment due date may leave my account subject to a hold and may result in a loss of privileges regarding University services. Additional penalties will also be incurred in accordance with HGU's late payment policies of \$50.00 monthly. The University also maintains the right to pursue collections and legal fees if necessary.

I also understand and agree that any payment made to the University will be credited first to any delinquent charges accrued and then applied to tuition balance. I also understand that withdrawal from the University does not release me from this payment plan obligation or any other incurred penalty fees.

STUDENT SIGNATURE: _____ DATE: _____

1 st Payment		2 nd Payment		3 rd Payment	
Amount:	Student Initials:	Amount:	Student Initials:	Amount:	Student Initials:
Date:	Finance Initials:	Date:	Finance Initials:	Date:	Finance Initials: