



INSTALLMENT PAYMENT CONTRACT

Please Print:

Name _____ Date _____

Address _____
Last First MI City State Zip Code

Phone Number _____ Social Security # _____

Student ID# _____ Semester/Year (indicate year) Fall _____ Spring _____

If paying by credit/debit card, I hereby authorize Neosho County Community College to charge my credit/debit card, as indicated below, with the amounts listed on lines 5 through 7 below on the specified dates indicated. The amount charged to my credit card will be applied to this Installment Payment Contract. I have given my credit card information to assist Neosho County Community College in properly acquiring payments. I agree to notify Neosho of any changes in Credit Card number. My signature below signifies that I have read and understood this contract.

Credit Card Signature _____ Date _____

Card Type (circle) Visa MC Disc Card # _____ Exp. Date _____

COMPUTATION OF INSTALLMENT CONTRACT AMOUNT:

- 1. Amount of Deferred Charges: \$ _____
- 2. Monthly Payment (1/3 of line 1) \$ _____
- 3. Payment Plan Administrative Fee (**non-refundable**) \$35.00
- 4. Total First Payment Due 01/05/09 for Spring or
Date of enrollment, if after 12/1/08 (sum lines 2+3) \$ _____

PAYMENT PLAN SUMMARY:

- 5. Due Date 7/25 (Fall) *or* 1/5 (Spring) Amount Due \$ _____
- 6. Due Date 9/1 (Fall) *or* 2/1 (Spring) Amount Due \$ _____
- 7. Due Date 10/1 (Fall) *or* 3/1 (Spring) Amount Due \$ _____
- 8. Total (agrees with sum of lines 1+3) \$ _____

I understand that I am responsible for the payments listed on lines 5 through 7 even if I do not complete my classes for any reason. I understand that if a third party agrees to make the payments and subsequently defaults that I will be responsible for the payments on lines 5 through 7 above. I have been provided with a copy of Neosho's refund policy that I have read and understood. I understand that if I am due a refund for withdrawing from classes in compliance with the tuition and fee refund policy that said refund will first reduce the final payment as listed above (10/1 or 3/1) and then be applied to any unpaid balance that I may have with the College. My account will be placed on hold, no schedule changes allowed without contacting Accounts Receivable until my installment payment contract obligations are met.

 Adding Classes – I understand that if I add a class after the execution of this contract, I will be required to pay for that class in full at the time of enrollment.

 Insufficient Funds – I understand I will be responsible for a **\$30.00** administration fee if sufficient funds are not available to cover the check payment or credit card charge.

 Late Payment - I understand that if my payment is not received by the due date, I will be administratively withdrawn from my classes and will still owe for the classes. I also understand that late payment may jeopardize my ability to participate in the payment plan program in the future.

I will be obligated to pay reasonable costs of collection, including, but not limited to, court costs, attorney fees, and collection agency fees, except that such costs of collection: (1) may not include costs that are incurred by a salaried employee of the creditor or its assignee; and (2) may not include the recovery of both attorney fees and collection agency fees. My signature below signifies that I have read and understand this contract.

Student's Signature _____ Date _____

Parent or other Responsible Party (if a minor) _____ Date _____

I have read the terms of this contract and as the student's parent or legal representative I agree to honor the terms and conditions of this agreement.

NCCC Representative _____ Date _____

White-NCCC AR Clerk

Yellow-Student