

**American Jewish University
PAYMENT PLAN AGREEMENT**

I, (student name) _____, agree to pay the sum of _____, remaining on my account, after all financial aid I have agreed to accept per the Financial Aid Award Letter, plus the appropriate administrative fees. In the event that I am not able to get or later decline such aid or in the event I drop/add classes changing my account balance, I understand I will immediately be responsible for such amount in addition to the amount I am agreeing to pay per this agreement. The above sum will be due and payable according to one of the following schedules, which I have selected by marking the appropriate box with an "x":

Nine Payment Plan for 2 semesters

***Administrative fee \$55**

- 1st payment due August 5
- 2nd payment due September 5
- 3rd payment due October 5
- 4th payment due November 5
- 5th payment due December 5
- 6th payment due January 5
- 7th payment due February 5
- 8th payment due March 5
- 9th payment due April 5

Per Semester Payment Plan

*** Administrative fee \$35**

- 1st payment due August 5, January 5
- 2nd payment due September 5, February 5
- 3rd payment due October 5, March 5
- 4th payment due November 5, April 5

I understand I will be responsible for a \$15 delinquency fee for the first time a payment is late or missed, for the second time it will be \$ 50.00 delinquency fee. In the event a plan is selected after the enrollment date, the same fees will apply and payments will need to be caught up to the next payment date. If any scheduled payment is delinquent over 10 days the total balance due will become immediately due and payable, the disenrollment process will be started, and an additional penalty of \$50 will be added to my account balance. All assessed fees and payments due will need to be paid prior to re-enrollment. I will be responsible for any additional collection costs including reasonable attorney fees in the event of non-payment. By accepting this agreement I authorize the release of any and all information concerning my account to my legal guardian or parents in the event I am under 21 years of age.

Signature of the student or guardian Date _____ Phone # _____

Billing Street Address _____
City, State, Zip

Student I.D. _____
Co-Signer

University Official _____
Date

How to Determine the Amount of Your Plan

1. EXPENSES

Look at your bill for tuition, room & board and fees and depending on the plan selected include all amounts for the appropriate period selected. Unless you have selected a 3 payment plan this is generally for the full year. Do not include books & supplies, personal expenses or transportation.

2. DEDUCTIONS

Look at your financial aid award and include any items you have agreed to as follows:

Scholarships/grants

Loans (minus any fees)

Other direct payments

Total

3. TOTAL AMOUNT OF PAYMENT PLAN

4. MONTHLY PAYMENTS

Divide the amount on line 3 by the appropriate number of payments. Indicate the number of payments here _____.

***If you are under 18 Your parent or legal guardian must fill out and sign this contract.
* Administrative fees are due and payable at the time of signing the payment plan.**