NORTH IOWA AREA COMMUNITY COLLEGE PAYMENT AGREEMENT

NAME_____

SOCIAL SECURITY OR STUDENT ID #_____

THIS PAYMENT AGREEMENT IS APPLICABLE FOR ___SUMMER TERM I __ SUMMER TERM II ___SUMMER TERM III
PAYMENT DUE 4/20/09 PAYMENT DUE 5/18/09 PAYMENT DUE 629/09

FINAL PAYMENT IS DUE ON THE DATE INDICATED ABOVE FOR EACH TERM. IF YOU WILL BE MAKING PERSONAL PAYMENT ALONG WITH RECEIVING FINANCIAL AID OR OTHER OUTSIDE RESOURCES, YOU MUST MAKE FINAL PAYMENT ARRANGEMENTS WITH THE NIACC BUSINESS OFFICE BY THE DUE DATE. PLEASE CONTACT THE BUSINESS OFFICE (641-422-4214 OR 1-888-466-4222 EXT 4214.)

IN ADDITION TO PERSONAL PAYMENT (IF APPLICABLE), I PLAN TO MAKE PAYMENT FOR COLLEGE EXPENSES BY THE FOLLOWING METHOD(S):

IDENTIFY RESOURCES (X)

FINANCIAL AID: *		**OTHER:**	
1. GRANT(S)		5. SCHOLARSHIP(S) NAME/ADDRESS	
2. LOAN(S)			
3. VOCATIONAL REHABILITATION			
4. WIA			

* IF FINANCIAL AID HAS NOT BEEN AWARDED BY PAYMENT DUE DATE, PAYMENT IS DUE IN FULL FOR YOUR TUITION AND FEES.

I PREFER TO PUT ALL MY TUITION/FEE EXPENSES AND (STUDENT HOUSING IF APPLICABLE) ON MY CREDIT CARD NUMBER BELOW

_____ _____ _____
VISA **MASTERCARD** **DISCOVER**

EXPIRATION DATE: _____

SHOULD I CHOOSE NOT TO ATTEND OR AM UNABLE TO ATTEND THE ABOVE REGISTERED TERM, I WILL NOTIFY THE NIACC RECORDS OFFICE IN WRITING PRIOR TO THE TERM START DATE. I UNDERSTAND THAT I WILL BE HELD LIABLE FOR TUITION AND FEE CHARGES SHOULD I FAIL TO NOTIFY THE RECORDS OFFICE IN WRITING PRIOR TO THE TERM START DATE.

I PROMISE TO PAY NORTH IOWA AREA COMMUNITY COLLEGE FOR TUITION AND FEE CHARGES AND HOUSING (IF APPLICABLE) FOR THE ABOVE SUMMER TERM (S).

_____ _____
Signature **Date**

ALL STATEMENTS WILL BE SENT TO THE HOME ADDRESS UNLESS A CHANGE IS INDICATED BELOW.

NAME _____

ADDRESS _____

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