

Payment Plan Agreement

College of Eastern Idaho

Term Year

I, _____, promise to pay the College of Eastern Idaho \$ _____, for tuition & fees.

Name Amount

**** For payment plan to be in effect, down payment must be received by the fee deadline date. If payment is not made by the fee deadline date, late fees will be added to the balance and you will be dropped from classes. If you register after the fee deadline, you will need to pay the down payment when setting up a payment plan. Please see business office for details.**

1	Student Account Balance	\$	
2	Processing Fee \$50.00	\$	50.00
3	Total:	\$	

Payment Due by 1 st of Each Month	4 Payment Plan Amount Due	3 Payment Plan Amount Due
** Down Payment	(1/4)+\$50.00 \$	(1/3)+ \$50.00 \$
1 st Payment	(1/4) \$	(1/3) \$
2 nd Payment	(1/4) \$	(1/3) \$
3 rd Payment	(1/4) \$	

PAYMENT PLAN PAYMENTS MUST BE MADE AT THE CASHIER WINDOW

- * **Please initial each section verifying that you have read and understand the terms of this payment agreement.**
- * **_____ Personally responsible** – I owe the full amount of tuition/fees and am personally responsible for making the above payments. If I add or drop a class I am responsible to check Self-Service to view my adjusted payment plan. I will not be allowed to register for additional classes or for future semesters until the balance is paid in full.
- * **_____ Financial Aid** – If I receive Financial Aid or other financial assistance, I understand that the College may use those funds to reduce or pay off the balance of my account before I receive any money from such aid. **If I “do not” receive Financial Aid, or my awards are adjusted, I understand that I am personally responsible for making the payments due on my account.**
- * **_____ Processing and Late Fees** – I understand that I must pay a \$50 non-refundable processing fee. **(A \$15 late fee will be charged each month a payment is not received by the 5th of the month.)**
- * **_____ Out of District Tuition** – I am required to fill out a certificate of residency every academic year if I am considered an out of district student. I will be held responsible for the out of district portion of my tuition cost until an approved certificate has been received by the college from the appropriate county. Not required for residents from the counties of Bonneville, Twin Falls, Jerome, Ada, Canyon or Kootenai.
- * **_____ Financial Holds** – The College will not issue transcripts and reserves the right to withhold my grades, diplomas, subsequent registration, etc., until my account is paid in full.
- * **_____ Failure to Pay** – I understand that if I fail to pay off my account balance by the due date, the College can require immediate payment of the entire balance. The College may refer the account to an outside collection agency and an additional 33% of the outstanding balance will be added to my account.
- * **_____ SEE THE ACADEMIC CALENDAR FOR THE LAST DAY TO RECEIVE A 100% REFUND. IF I WITHDRAW AFTER THIS DATE, I UNDERSTAND I WILL STILL OWE TUITION AND FEES.**

Please print clearly:

Name _____ CEI Student ID # _____

Address _____ Phone (____) _____

City, State, Zip _____ Email _____

I agree to the above term and conditions: Signature _____ Date _____

If student under age 18 -- Guardian Signature _____ Date _____

CEI USE ONLY

Anticipated Financial Aid amount at time of signing _____

ID verified _____ CEI Approval _____ DATE _____