College of Eastern Idaho

Payment Plan Agreement

_____
Term Year

EMAIL
Email must be sent from CEI email address

Please Print Clearly:

Name: _____ CEI Student ID #: _____

Address: _____ Phone: _____

City, State, Zip: _____ Email: _____

$
Account Balance

Payment Breakdown – Payment Due on the 1st of Each Month

	16 Week Semester (before fee deadline)	16 Week Semester (registered after fee deadline)	8 Week Semester (A or B Block)
**Down Payment	(1/4) + $50.00 $	(1/3) + $50.00 $	(1/2) + $50.00 $
1st Payment	(1/4) $	(1/3) $	(1/2) $
2nd Payment	(1/4) $	(1/3) $	
3rd Payment	(1/4) $		

**** For payment plan to be in effect, down payment and a non-refundable $50 processing fee 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 and a non-refundable $50 processing fee when setting up a payment plan. Please see Business Office for details.

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.**

By signing this document I understand this agreement shall be binding upon signature and payment of the down payment. I promise to pay my student account in the above allotted installments calculated on the basis of total charges (tuition and fees). I also understand the amount of the agreement will be recalculated if there are any additional charges, credits or changes in my financial aid or my account. I understand the above terms and conditions as outlined above.

Printed Name	Signature	Date

If Student is under age of 18:

Relationship to Student	Signature	Date

CEI USE ONLY

Anticipated Financial Aid amount at time of signing: _____

ID Verified: _____ **CEI Approval:** _____ **Date:** _____