

Payment Plan Agreement
College of Eastern Idaho
Spring 2019

I, _____, promise to pay the College of Eastern Idaho \$ _____, for **Spring 2019 tuition & fees.** **For payment plan to be in effect, down payment must be received by Dec 7, 2018. If payment is not made by Dec 7th, late fees will be added to the balance (\$50 on Dec 10th, and \$100 on Dec 17th) and you will be dropped from classes on Jan 4, 2019. If you register after Dec 7th, you will need to pay down payment when setting up a payment plan. Please see business office for details.

1	Student Account Balance	\$ _____
2	Processing Fee (1/2 waived if paid off on or before final due date) \$100.00	\$ _____
3	Total:	\$ _____
4	Down payment (total from line 1 divided by 4 +\$100.00)	

	Payment Due Date	Amount Due	Total Paid	Date Paid
	** Down Payment -- December 7, 2018	(1/4)+\$100.00 \$ _____		
	January 7, 2019	(1/4) \$ _____		
	February 7, 2019	(1/4) \$ _____		
	March 7, 2019	(1/4) \$ _____		

* 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 submit a new agreement. I will not be allowed to register for additional classes or for future semesters unless 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 Fee** – I understand that I must pay a \$100 processing fee. (\$50 of this fee will be waived if the total balance due is paid by the final due date – March 7, 2019.)

* _____ **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.

* _____ **THE LAST DAY TO RECEIVE A 100% REFUND FOR SPRING SEMESTER IS JANUARY 6, 2019. 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 _____