

PAYMENT PLAN ENROLLMENT FORM---SPRING 2010

Today's Date: _____

Student Name: _____

Harding ID Number: _____

Your enrollment in this plan is based on your agreement to the following terms and conditions:

Enrollment fee is \$25.00 and due upon enrolling in the payment plan. First plan payment is due February 1 2010.

I promise to pay Harding University the balance of the student account in monthly payments. I agree that the account must be current in order to register for future terms or have transcripts released. Failure to make a payment, making a partial payment, or each payment received after the due date will result in an assessment of a \$35.00 late fee.

I further understand that the monthly payments may fluctuate due to additional charges, payments or reductions/increases of financial aid. If I fail to make payment of any installment or late fee, Harding University, at its discretion, may declare the entire debt immediately due and payable. If Harding University determines that it is necessary to place this account with an outside collection agency and/or attorney for collection, I understand that I will be responsible for the payment of attorney fees and collection costs.

I have read, understand and voluntarily agree to the terms. I acknowledge that I have read and understand the payment schedule, that monthly payments may vary and that holds will be placed on the student account if account is delinquent.

Payment Due Date	\$25.00 Enrollment Fee due upon enrollment	
Feb 1, 2010	\$	1/4 of Balance
Mar 1, 2010	\$	1/3 of Balance
Apr 1, 2010	\$	1/2 of Balance
May 1, 2010	\$	Remaining Balance

Person Responsible for Monthly Payments:

Print Name _____

Home Phone: _____

Address: _____

Work/Cell Phone: _____

City : _____ State: _____ Zip: _____

Signature: _____

Date: _____

To enroll in the Payment Plan, please include this entire page and send payment in the form of a check or money order to:

Harding University

Business Office

HU Box 10770

Searcy, AR 72149-0770