BRESCIA UNIVERSITY PAYMENT OPTIONS & TERMS

OPTION A	
I will pay my balance (charges less finance) Fall semester due date - August 5th	tial aid) in full by the due date. Spring semester due date - January 3rd
Tail Semester due date - August 5th	Spring semester due date - January Stu
Account Balance	\$
Pending Financial Aid	\$
Balance Due	\$
OPTION B	
I will pay my balance in 5 installments	
Monthly payment	\$
+ Processing Fee	\$
+ Payment Plan Charge	\$ <u>\$</u> \$
= AMOUNT DUE TODAY	\$
Eall comostor, monthly payments due Septe	W
Fall semester - monthly payments due September 1, October 1, November 1 & December 1 Spring semester - monthly payments due February 1, March 1, April 1 & May 1	
I will pay my balance in 2 installments	
Installment amount	¢
+ Processing Fee	Ψ Ψ
-	Φ
+ Payment Plan Charge = AMOUNT DUE TODAY	\$ \$ <u>\$</u> \$
= AMOONT DUE TODAT	<u> </u>
Fall semester - final installment is due November 1	
Spring semester - final installment is due March 1	
Note: If your employer pays your tuition, please contact the Cashier's Office for a different form.	
I promise to pay Brescia University in accordance with the option I have selected above. I understand that my failure to pay by the due dates specified will result in additional charges including but not limited to: \$100 late payment fee, late fee of 1.5% per month on past due balances, and any collection costs incurred by Brescia. I understand that if the financial aid for which I have applied is not forthcoming, I am responsible for all charges incurred. I understand that any changes in my account that result in balance that is greater than will be covered by the payment plan I have chosen, are due and payable at the time of the change. I understand that satisfactory settlement of my account must be made before a grade report or transcript of credits will be issued. I understand that if I have a past due balance, I may not be eligible for all services offered by the University and I may be restricted from participation in University activities.	

Student Name (please print or type)

Responsible Party (if other than student)

Signature

Signature

Date Call Cashier's Office at (270) 686-4238 for assistance in completing this form.