

SEMESTER PAYMENT PLAN



Bee Central
518 W. Locust St. Davenport, IA 52803
563-333-5775
BeeCentral@sau.edu

Please type or print legibly in ink

Name _____ Student ID _____
Last First Middle Initial

I hereby make application to participate in this plan for payment of tuition, room, board, and/or fees resulting from my enrollment for the fall/spring/summer _____ semester and request a deferment of \$ _____.
circle one year

Please choose one of the following monthly or bi-weekly options:

- Monthly Plan – 5 Payments (available until 7/31 for fall semester and 12/31 for spring semester)
- Monthly Plan – 4 Payments (available until 8/31 for fall semester and 1/31 for spring semester)
- Monthly Plan – 3 Payments (available until 9/30 for fall semester and 2/28 for spring semester)
- Monthly Plan – 2 Payments (available until 10/31 for fall semester and 3/31 for spring semester)
- Bi-weekly – 8 Payments (available until 8/31 for fall semester and 1/31 for spring semester)

First installment and set-up fee is due upon set-up of payment plan. Remaining payments will be due each month on the same day.

Fee Schedule

This form must be submitted **each** semester with the appropriate fee. Late fees will be applied to any outstanding balance not covered by a payment plan.

The fee for enrolling in these plans is \$25

I understand that in the event this note becomes delinquent, the account may be placed with a collection agency. I will then be responsible for any collection fees, including court costs, incurred by the University. Signature implies acceptance of all terms and conditions contained herein. Unsigned or incomplete forms will not be accepted.

A late fee of \$25 will be charged for each late payment.

Signature of student or parent/guardian _____

Date _____