



Peru State College
 Payment Plan Application Form
 Business Office (402) 872-2211
Summer 2011

13 week session
 (3 month payment plan)
 Due May 11, June 10, July 10

8 Week Session
 (2 month payment plan)
 Due June 6, July 6

** Late fees will be applied automatically to past due accounts*

Student's NUID#: _____ Student's Name: _____
 (Please Print)

Payer's Name: _____
 (Please Print)

Payer's Relationship to Student: _____ Payer's Ph.#: _____

Payer's Address: _____

 (This address will be used as the billing address.)

Authorization: I hereby authorize the PSC Business Office to discuss my student account information with the payer identified above who has agreed to pay the monthly payments on my payment plan. I understand that I am responsible for the balance due on my student account regardless of any payment arrangement. I further understand that my enrollment will be administratively withdrawn if the payments are not made when due.

 Student's Signature Date

I promise to pay the balance due on the agreed upon dates. I understand I will make these payments directly to the PSC Business Office, Box 10, Peru, NE 68421

 Payer's Signature Date

The payment plan requires that all payments must be made in a timely manner and all outstanding debts must be paid by the end of the term of enrollment or the student's enrollment will be administratively withdrawn. There is a financial penalty for late payments.

Office Use Only

The above named student is approved to pay his or her balance through the Payment Plan in accordance with the payment schedule indicated below.

 Business Office Authorization Signature Date

Unpaid Balance	\$ _____
+ Payment Fee	1% x balance due
= Balance	\$ _____

Number Of Payments _____

Payment Amount \$ _____ Due Monthly: _____ through _____

Any outside scholarship will be credited to your payment plan when we receive the money.