

Music Institute of Chicago

Academy Installment Plan - Fall Semester 2018 & Spring Semester 2019 –

Parent Name: _____ - **Acct #** _____

ATTENTION: Either a Credit or Debit card is REQUIRED to be kept on file for participation in the MIC installment plan regardless of form of payment selected.

I plan to pay my installments by (check one): ☐ Cash ☐ Check

☐ Credit Card

Name (as it appears on card): _____

Billing address: _____

Card Number: _____ Exp Date: _____

CSV Code: _____

☐ Debit Card

Name (as it appears on card): _____

Billing address: _____

Card Number: _____ Exp Date: _____

CSV Code: _____

Preferred Email Address for communications _____

You MUST RETURN this copy with your signature & payment method to officially be on the Plan

Your Installments are due by the **15th day of the month:**

Fall: October ~ November ~ December 2018 Spring: January ~ February ~ March ~ April 2019

I understand that I have been charged a \$25 annual setup fee for my participation in the MIC installment plan. I further understand that I have the option of paying any installments by cash, check, debit card or a credit card, but MIC must receive the payment by the installment deadline. I agree that if the installment amount has not been paid by the deadline using another form of payment my credit or debit card on file will be charged for the amount due. I have read and agree to comply with the above conditions.

Signature: _____ Date: _____

**Return this form with your preferred payment method to officially be on the Plan!
Until a signed copy of this form is returned, your request to be on the Plan is not finalized.**