

1702 Sherman Avenue, Evanston, IL 60201

**Installment Plan – Fall Semester 2020 & Spring Semester 2021**

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

 Priority deadline to initiate Plan: August 15 if starting Plan in Fall or January 15 if starting in Spring.

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.

Name (as it appears on card): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 CSV Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

□ Cash □ Check

□ Credit Card □ Debit Card

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

Fall: August, September, October 2020 Spring: January, February, March, April 2021

**I understand that I have been charged a $25 annual activation 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.**

**Parent/Adult Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Acct #\_\_\_\_\_\_\_\_\_**

 Preferred Email Address for communications\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 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.**