

LINCOLN CHRISTIAN UNIVERSITY PAYMENT PLAN AGREEMENT

Name: _____

Last
First
M.I.

ID Number: _____

Billing Information (please provide the address to which you would like any billing notices sent):

Address: _____

Phone: _____

E-Mail Address _____

I attend (circle one) Undergraduate Seminary Hargrove

Step 1 - CALCULATE YOUR BALANCE DUE:

Please use the Billing Ledger from your web/Student Portal menu to calculate your balance due.
 Feel free to contact the Accounting Office if you have questions about the amount due for the upcoming semester.

Enter the Total Semester Charges	\$ _____	X 2(Annual)	\$ _____	
Subtract Financial Aid Award			\$ (_____)	
Subtract Down Payment			\$ (_____)	
Equals the Balance Due			\$ _____	

Step 2 - ELECT A PAYMENT PLAN:

Please complete step 4 below indicating your agreement to the terms and conditions of this program.
 Also, please complete your payment calculation, dividing by the appropriate number of months.

Calculated Balance Due (from Step 1)	\$ _____	
Add Payment Plan Enrollment Fee	\$ _____ 50.00	
Total Balance Due	\$ _____	

Circle Plan Electing and Calculate Payment

12 Payments	Divide Total by 12 = Monthly Payment	\$ _____	May-April
11 Payments	Divide Total by 11=Monthly Payments	_____	June-April
10 Payments	Divide Total by 10 = Monthly Payment	_____	July-April
5 Payments	Divide Total by 5 = Monthly Payment (single semester)	_____	July-Nov (1st Semester) Dec.- April - (2nd Semester)

FOR OFFICE USE ONLY	
May \$ _____	Nov \$ _____
June \$ _____	Dec \$ _____
July \$ _____	Jan \$ _____
Aug \$ _____	Feb \$ _____
Sept \$ _____	Mar \$ _____
Oct \$ _____	Apr \$ _____

Step 3 - BANK OR CREDIT CARD DATA

I hereby authorize Lincoln Christian University to obtain my tuition payment from my bank account or credit card using the below information:

Credit Card Number _____	Exp. Date _____ / _____
or	
Bank Routing Number _____	Account # _____
Name on Credit Card/Bank Account _____	
Circle one Savings Checking	
Credit Card/Bank Account Holder Address _____	
Signature _____	Date _____ / _____ / _____

Step 4 - LCU PAYMENT PLAN AGREEMENT TERMS (PPA) AND CONDITIONS:

PPA participants are charged a fee of \$50 to enroll in the payment plan; this charged is figured into the payment agreement. Payments will be automatically charged to your credit card or withdrawn from your bank account on the 15th of each month. A \$25 LATE FEE is charged for any payments received more than 5 days late. Loans or other financial aid received to the student's account must be applied directly to the outstanding balance. If these funds cover the balance in full, this payment plan will no longer be in effect. Any future adjustments to the student's account, such as tuition and/or financial aid increase or decrease or fines are the responsibility of the PPA participant. These charges will be reflected on the student's billing ledger accessible by the student in the STUDENT PORTAL. In addition, any student with a balance that is not paid in full will not be able to register for the next semester. Please contact 217-732-3168 x2221 with any questions.

Signature: _____

Date _____ / _____ / _____

Please Mail Form to: **LCU - Accounting Office
 100 Campus View Drive
 Lincoln IL 62656**

OR Fax the form to: 217-732-5914