



2009-2010 TUITION PAYMENT PLAN

SECTION A: STUDENT SECTION

STUDENT NAME: _____ SSN: _____
STUDENT ADDRESS: _____ GV ID: _____
Home Phone: _____ Cell Phone: _____
Employer: _____ Work Phone: _____
E-mail address: _____

SECTION B: SCHOOL SECTION

CREDITOR NAME: GRAND VIEW UNIVERSITY
CREDITOR ADDRESS: 1200 GRANDVIEW AVENUE
DES MOINES, IA 50316

NOTE AMOUNT: \$ _____ FOR TERM(S): _____

SECTION C: TERMS AND CONDITIONS:

I agree to make minimum payments of \$ _____ on the following schedule:

(minimum payment is calculated using the balance owed divided by total number of payments selected below)

- 10 Payments (5 per Semester due by 15th of month) Fall due Aug - Dec; Spring due Jan - May
8 Payments (4 per Semester due by 15th of month) Fall due Sep - Dec; Spring due Jan - Apr
6 Payments (3 per Semester due as stated) Fall due Sep 15, Nov 1, Dec 15; Spring due Jan 15, Mar 1, Apr 15
Other _____

*** Final payment subject to change due to future activity on your account ***

To establish your payment plan, you must send your completed form, non-refundable enrollment fee of \$50 and any monthly payments due on or before the first week of the term. There are no interest charges associated with this tuition payment plan. An additional charge will be assessed if a check is not honored by your bank.

I understand that if I fail to meet the terms of this agreement for any reason, I will not be allowed to register for further courses or receive my transcript until the balance has been paid in full. I further agree to notify the Grand View University Business Office if:

- A. I change my name and/or address.
B. I change my employment or earnings.
C. I cannot make my regularly scheduled payment for any reason.

It is my responsibility to ensure payment is made on time. Failure to receive statements from Grand View University shall not be considered reason for non-payment. A payment over the minimum monthly amount does NOT change the schedule for the next payment. At LEAST the minimum payment must be made at each scheduled payment date. If I fail to meet a scheduled payment, the entire amount of my account balance will be considered past due and late fees will be assessed retroactively from the semester tuition pay-in-full due date. If I fail to satisfy my balance, my account may be subject to collection action and/or litigation without further notice. I understand I will be responsible for all collection costs and charges necessary for the collection of any amount not paid when due. I, the undersigned, in case of suit on this note, agree to pay all attorney fees. Late fees will continue to be charged in the amount of 1.5% per month. Bankruptcy does not automatically void or nullify this financial obligation.

I may repay all or part of my unpaid balance, plus any accrued interest, at any time before the due date without prepayment penalty. Interest shall first be deducted from the payment and any balance shall be applied on principal. Principal and interest not paid shall draw interest at the rate of 18% per annum. Upon default in payment of any interest, or any installment of principal, the whole amount then unpaid shall become immediately due and payable at the option of the holder without notice.

Makers, endorsers, and sureties waive demand of payment, notice of nonpayment, protest and notice. Sureties, endorsers and guarantors agree to all the provisions of this note, and consent that the time or times of payment of all or any part hereof may be extended after maturity, from time to time, without notice.

Signed: _____ SSN: _____ Date: _____

Payor (if other than the student) _____ Date: _____

SECTION D: PAYMENT OPTIONS:

Automatic Credit Card Payments*: To set up recurring credit card payments, complete the section below for “Credit Card Information”. Your account will be charged according to the schedule you selected in Section C: Terms and Conditions.

Automatic Withdrawal (ACH Banking): To set up recurring withdrawals from your checking or savings account, complete the section below for “ACH Banking Information”. Your payments will be deducted according to the schedule you selected in Section C: Terms and Conditions.

On-line Payments*: Payments can be made online at anytime using an e-check, debit or credit card.

Students: *myView* > MyCourses & Student Information > Financial Information > Pay on My Account

Parents: *www.GrandView.edu* > Current Students > Business Office > Pay on My Students’ Account

Payments by Mail*: Payments can be sent through the mail via check, money order, or credit card. Please reference the students’ name and ID on the payment and include the statement remittance form if available. The mailing address is Grand View University; Attn: Business Office; 1200 Grandview Ave.; Des Moines, IA 50316.

Payments in Person*: Payments can be made in person at the Business Office via cash, check, money order or credit card. The office is located on the second floor of the Humphrey Building and is open Monday - Friday from 8:15 – 4:30, or by appointment.

*A \$9 convenience fee will be assessed on all credit card payments. There is no fee associated with other forms of payment.

SELECT YOUR PAYMENT TYPE:

I do not wish to have my payments processed automatically. I will initiate my monthly payments using one of the options above.

I request to have my payments processed automatically using the method selected below:

CREDIT CARD INFORMATION:

MasterCard Visa
 Discover American Express

Card No.

Expiration Date

Cardholder Name

Card Verification (3 digits on back of card)

Cardholder Address

Cardholder City, State Zip

Signature

ACH BANKING INFORMATION

Checking Savings

ABA / Routing No.

Account No.

Name of Financial Institution

City

Account Holder’s Name

Signature

By completing and signing the ACH Banking Information, I authorize Grand View to initiate debit entries to my account in the financial institution listed in order to pay my payments. I understand that the bank account will be debited for the amount currently due on my plan’s due date, unless the due date falls on a weekend or holiday; then the debit will take place on the following banking day. I understand that, given reasonable notice, this authorization can be terminated by written notification to Grand View University. I understand if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account. I have the right to dispute entries made in error up to 60 days after the date of the transaction and have the right to stop payment on a debit entry by notifying my financial institution and Grand View before the account is charged.

Please note:

1. Payments will be debited on your plan’s payment due date.
2. **IMPORTANT:** For payments deducted from your checking account, you must attach a VOIDED CHECK, NOT A DEPOSIT SLIP, for the checking account you wish to debit. It is used to verify the bank account and Electronic Funds transfer (EFT) numbers only. If you choose to have your payments deducted from your savings account, please verify the account and ABA/Routing numbers with your bank. All accounts must be with a U.S. Bank in U.S. funds.