

**FLEXIBLE PAYMENT PLAN FOR BALANCE DUE TO
HOWARD COMMUNITY COLLEGE/Music Institute
2008/2009**

Student Name: _____ Student ID #: _____
 Address: _____
 Telephone # (Day): _____ (Evening): _____
 (Cell): _____ (E-mail): _____

Balance Due: \$ _____

I understand that I owe a balance to Howard Community College for Private Lessons taken thru TMI. I agree to pay the remaining balance in monthly installments according to the payment schedule listed below. I also agree that if I miss two payments or have an unpaid balance at the end of the registered lesson period, Howard Community College *will refer my account to an outside collection agency with an additional 25% collection cost.* I also understand that I may not receive another notice before my account is referred to said collection agency. Payments must then be made to either the collection agency or directly to Howard Community College/Accounts Receivable.

Furthermore, I acknowledge that I will be restricted from obtaining my grades or transcripts and from registering for any classes as long as there is an outstanding balance remaining with the college or the collection agency.

Payment Number	Current Balance	Payment Amount	Due Date	Date Paid
Initial Payment	\$	\$		
1	\$	\$		
2	\$	\$		
3	\$	\$		
4	\$	\$		
5	\$	\$		
6	\$	\$		
7	\$	\$		
8	\$	\$		
9	\$	\$		
10	\$	\$		
11	\$	\$		
12	\$	\$		

I understand and agree to the above statement and payment schedule.

Student's/Responsible Party Signature _____ Date: _____

AR Personnel _____ Date: _____

Music Institute Supervisor or Coordinator (Sp.Cs.) _____