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FACTS Tuition Payment Plan
Adjustment Authorization

I, _____ with
Student ID # _____ authorize Howard Community College to
adjust my FACTS agreement balance for the _____ term as
follows (Please check the appropriate box):

<u>Adjustment</u>	<u>Amount</u>	<u>Reason</u>
<input type="checkbox"/> Reduce	-----	-----
<input type="checkbox"/> Increase	-----	-----
<input type="checkbox"/> Terminate Entire agreement		-----

I understand that the amount of the adjustment will be divided
into the remaining number of payments on my agreement. I also understand
that I must notify the responsible party of this change (If applicable).

Signature

Date

Telephone Number

*** Adjustment request must be received by HCC staff 2 weeks prior to the payment date.
*** Adjustments can be only made to accounts listed with FACTS. Online Facts registrations are
listed with FACTS faster than the paper agreements.