

# The Business Office at Muskingum College

## Payment Plan and Authorization Agreement for Pre-Authorized Drafts

Account name \_\_\_\_\_ Number \_\_\_\_\_  
 Applicable Semester: Term \_\_\_\_\_ Year \_\_\_\_\_

Remaining Balance Due (from Billing Worksheet)	
Less <b>20%</b> down payment	
<b>Due with this agreement</b>	
Plus Payment Plan fee	\$65.00
Amount to pay through Payment Plan	
Divided by 4 payments	÷ 4
Amount of each payment	
Fill in agreement below	

### PAYMENT PLAN AGREEMENT AND AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED DRAFTS

I (we) agree to participate in the Muskingum College Payment Plan to pay for tuition, room, board and fee charges each semester over a four month period. The Monthly Payment Amount, as stated above, is the amount that is subject to this Payment Plan. I (we) agree to make payments under the Payment Plan as follows: an original payment of 20% of the amount due and **three / four** (circle one) subsequent equal Monthly Payment Amounts, with original 20% payment due on the date indicated in Muskingum College's semester billing schedule and the remaining 80% to be paid in **three / four** (circle one) equal Monthly Payment Amounts, as set forth above, on the **first / fifteenth** (circle one) day of the immediately following months. I (we) agree to make all Monthly Payment Amounts via direct checking withdrawal, as set forth below. I (we) understand that the fee to participate in the Payment Plan is \$65.00, which is non-refundable.

If the Monthly Payment Amount cannot be made due to insufficient funds or the subject account is closed without notice to and authorization by Muskingum College, then I (we) understand and agree that I (we) will be responsible for a \$30.00 late fee, and authorize such fee to be withdrawn from the account set forth below. I (we) also understand that if I (we) do not make a Monthly Payment Amount for any reason, the entire Payment Plan Amount, less any previous payments received by Muskingum College, will be payable in full immediately, and I (we) authorize Muskingum College, at its discretion and at any time, to withdraw such amount from the account referenced below.

I (we) hereby authorize Muskingum College to withdraw the amounts described above from my (our) bank account indicated below with the financial institution named below, commencing on or about the **first / fifteenth** (circle one) day of each month beginning on \_\_\_\_\_, 20\_\_ until \_\_\_\_\_, 20\_\_ or, in the event that any portion of the Payment Plan Amount, as set forth above, remains unpaid at the end of such time period, then additional monthly withdrawals in the Monthly Payment Amount on the first day of each subsequent month, or other withdrawals as agreed to by Muskingum College and me (us), until the Payment Plan Amount as stated above is paid in full.

FINANCIAL INSTITUTION \_\_\_\_\_ BRANCH \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 TRANSMIT/ABA NO. (Omit if uncertain) \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

MONTHLY PAYMENT AMOUNT TO WITHDRAW PER MONTH  
 (FROM ABOVE CALCULATION) \$ \_\_\_\_\_ ←

(See Reverse)

This authority will remain in full force and effect through the last day of the Applicable Semester, as noted above, or until Muskingum College has received written notification from me (or either of us) of its termination at least 14 business days before such Monthly Payment Amount is due. I (we) understand that such termination does not relieve my (our) responsibility to pay the Payment Plan Amount, and any related charges referenced above, nor does it waive or modify the terms and conditions of any other Muskingum College policy, rule or procedure.

NAME (S) \_\_\_\_\_ PHONE NO. \_\_\_\_\_

NAME (S) \_\_\_\_\_  
(PLEASE PRINT – IF JOINT ACCOUNT, BOTH NAMES MUST BE PRINTED)

DATE \_\_\_\_\_ SIGNED X \_\_\_\_\_

DATE \_\_\_\_\_ SIGNED X \_\_\_\_\_

**ATTACH A VOIDED CHECK**