



Deferred Payment Option Form

INSTALLMENTS:

Instructions: Trinity College of Nursing & Health Sciences offers students wishing to set up a deferred payment plan the option of making tuition payments in installments due the 1st of each month. This application must be completed prior to the date that tuition and fees are due for that semester. Completed application requires a \$25.00 non-refundable set-up fee each semester. Unsigned or incomplete forms will not be accepted. [\$100 minimum balance to participate.]

Print Student Name: _____ Date: _____

I hereby make application to participate in this plan for payment of tuition and/or fees resulting from my enrollment for the semester of: <input type="checkbox"/> Fall Semester <input type="checkbox"/> Spring Semester <input type="checkbox"/> Summer Semester	<input type="checkbox"/> I agree to pay \$ _____ per the following schedule	Fall Semester (4 payments)	Spring Semester (4 payments)	Summer Semester (3 payments)
		September 1 October 1 November 1 December 1	February 1 March 1 April 1 May 1	June 1 July 1 August 1

PAYMENT INFORMATION:

Credit or Debit Card:

Payments can be made in person at the Student Services Office. Payments by phone can be made by calling (309) 779-7700.

Check or Cash:

Payments can be made in person at the Student Services Office. Checks can also be mailed to: Trinity College of Nursing & Health Sciences - 2122 25th Ave. Rock Island IL 61201.

Payroll Deduction:

Students employed by UnityPoint Health Trinity may select payroll deduction as their payment option. See payroll deduction authorization section below.

Student Signature: _____

A late fee of \$30.00 will be charged for each late payment. Failure to meet any terms of this payment option will cause cancellation of this option for tuition payment and a financial hold will be placed on your account which will prevent further registration and restrict the ability to receive official college documents. Unpaid balances will initiate the collection process. Students will be responsible for any collection fees, including court costs, incurred by the College. If the College refers the account to a third party for collection due to non-payment, a collection agency fee of 25% (33% for second placements) or the maximum amount allowable by law, whichever is lower, will be assessed and will be due and owing at the time of the referral to the third party. Signature implies acceptance of all terms and conditions contained herein.

PAYROLL DEDUCTION AUTHORIZATION:

I, _____, hereby authorize the UnityPoint Health Trinity payroll department to payroll deduct my Trinity College of Nursing & Health Sciences tuition and fees; a total of _____ per pay period. This amount ensures that my tuition account will be paid in full by the final due date of the deferred payment option for the semester indicated above.

Additionally, this amount includes the \$25.00 non-refundable set-up fee each semester.

Signature of Bursar: _____ Date: _____

Signature of Student: _____ Date: _____