

Payment Plan Specifications

I, _____ agree to pay \$ _____
Print Name Amount

every _____ starting on _____
Week or Month Start Date

until my bursar debt is paid in full. \$ _____
Beginning Balance

- I understand and accept the above terms for payment
- I understand that if I do not follow through with this responsibility my account may be sent to an outside collection agency
- I understand that I will be liable for all reasonable collection costs, including agency and attorney fees, necessary for the collection of a past due account.
- I understand that although making this arrangement and maintaining it will not allow me to receive University Services such as transcripts and future enrollment until my debt is completely paid in full. It will keep my account from being turned over to a collection agency.
- I understand should my contact information change at any time I will notify this office.

I understand and agree to all of the above terms and conditions

Signature: _____

Date: _____

University ID/Account Number: _____

Payoff	Suggested Monthly Amount
\$0 - \$300	\$25
\$301 - \$600	\$50
\$601 - \$900	\$75
\$901 - 1200	\$100
\$1201 - \$1500	\$125
\$1501 - \$1800	\$150
\$1801 - \$2100	\$175

Please fill in the top, sign and date the bottom, make a copy for your records and email, fax or postal mail the form to us at: iuloans@indiana.edu, fax: 812-855-5848 mail: IU Student Loan Administration 400 E 7th St Rm 433 Bloomington IN 47405 phone: 800-458-8756