Summer Only TRINITY ALTERNATIVE PAYMENT PLAN (TAPP) 2 MONTH

| Name: | | | | ID Number: | | | | | |
|--|--|--|---|---|--|---|---|--|---|
| | Last | First | | M.I. | | | | | |
| Billing | Information (please | provide the a | address you | would like | your bills se | ent to): | | | |
| Addres | ss: | | | _Phone: | | | Email: | | |
| | State | | | | | | | | |
| Please u | CALCULATE BALA use the Course and Fee or balances due. The "Myting Office if you have que | Statement fro y Account Bala | nces" section | on the Dash | board will con | itain this info | | | |
| | Enter the Tot | al Semester Ch | arges \$_ | | | | | | |
| | Subtract the T | otal Aid Appli | ed \$_ | | | | | | |
| | Equals the Ba | lance Due | \$ | | | | | | |
| | CALCULATE MON | | | | | | | | |
| Please co | omplete the step below to | • | greement to t | he terms and | l conditions of | this progran | n. | | |
| | Calculated Balance Due | (from Step 1) | | \$ | | | FOR O | FFICE USE | ONLY |
| | Divide Total by 2 = Mo | nthly Payment | | \$ | | | May \$ June \$ | <u> </u> | |
| | I authorize chan I auth | rging my credit rging my credit ATA wner and/or au ne and date be | card for the f card automa | irst paymentically each | month. t card below. | plan. We wi | ill contact you | if the monthl | y amount |
| | Credit Card Numbe | | | | | | _ | | I . |
| | | | Card Type | | | | | | |
| | Card Billing Addres | S | | | | | | | |
| | Signature | | | | | | | / | |
| | Email: | | | Phone: | | | | | |
| Payments longer be participant that Fall f condition fees, atto | Trinity Alternative Pa are due on the 15th of each n in effect. Any future adjustme it. Unpaid summer balances w inancial aid will not be release as of this payment plan alon, rney fees and court costs) in | nonth. Financial ants, reflected on till incur a 1% defed until a summer gwith any outsincurred. | nid must be appl the monthly bills erment fee at the balance is paid in tanding fees an | ied to the outs s, to the studen e end of each r n full. Please co d collection c | tanding balance. at's account (tuition month beginning contact us with an | on, financial ai in June and m y questions. E and without l | d, and/or fines) as nay result in a Fall By signing below limitation: penalt | re the responsibil registration hold. I agree to these | ity of the TAPP . Please note e terms and |
| - O | | | | | | | | | |

Please Return Form to: Trinity Central
2065 Half Day Road
Deerfield, IL 60015-1241

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Fax to 847-317-7040 Questions?: 847-317-4200