

**Spring 2020 Payment Plan Modification**

Please use this form to make adjustments to your monthly payment plan. Please submit this form ***7 calendar days*** prior to the scheduled date of payment. Forms received after this date will ***not*** be processed prior to the first attempt. Lastly, your request will ***not*** be processed unless the disclosure statement is acknowledged.

**Section I:** Student Information

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
HBU ID **H** \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_

**Section II:** I will be responsible for paying the installment on my own and authorize HBU to cancel my instalment for the checked month(s) below:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **October** | **November** | **December** | **January** | **February** | **March** | **April** | **May** |
|  |  |  |  |  |  |  |  |

**Section III**: ***I have withdrawn from HBU and elect to terminate my payment plan for the entire spring 2020 term and will be responsible for any balance owed***:

[ ] Spring 2020  
  
[ ] **Disclosure: *Electing to cancel a scheduled payment will result in an immediate hold on your student account as well as restricting access to grades, registering for class or requesting transcripts. In addition, future classes may be dropped due to failed/missed payments. You may incur a $25 late installment fee if the installment is not paid by the scheduled due date.***

**Section IV:** Please include your signature, date and phone number.  
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(Student’s signature) (Today’s Date) (Phone)