



Payment Plan

Social Security#(Required)_____

Student Name: _____ BYU-I Email: _____

PAYMENT PLAN SECTION

I agree to the following payment schedule:

Payment #	Date of Payment	Amount of Payment
1		
2		
3		

FINANCIAL AID SECTION

I agree to pay the total amount due with financial aid no later than one week after classes begin for the semester.

I agree to make the first payment with financial aid and the remaining amount per the following payment schedule.

Payment #	Date of Payment	Amount of Payment
Financial Aid Amount		
1		
2		
3		

***Each payment must be received on or before the date indicated above. I understand that if any of the payments are late, then late fees and interest will apply per section 2 of the Student Landlord Housing Contract.**

Student Signature

Date

Manager Signature

Date

** Manager and Student should receive a copy of this payment plan. **