

# Spring 2008 Payment Arrangement Form

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**Student Name:** \_\_\_\_\_ **ID#:** \_\_\_\_\_

This form applies only to those planning on *using online registration* and:

1. Do not have a completed/ approved Financial Aid Application. **Please see attached Payment Plan form.**
2. Have a remaining balance due after financial aid (also need a balance due form).
3. Are planning to pay by check, credit card or payment plan.

**Please check one of the following payment options:**

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When choosing the following options, **I understand that I need to enter my credit card number below to be held by the Student Finance Department.** I understand that the Student Finance Department **will not** charge my credit card **unless I do not pay online**, do not pay in full or do not complete the 2007-2008 FAFSA and the 2007-2008 Institutional Application for Financial Aid.

\_\_\_\_\_ **Pay in Full**

I will pay my balance in full, online during the registration week. (Fill in credit card number and sign below).

\_\_\_\_\_ **Pay on AU Student Link [www.ausfba.com](http://www.ausfba.com)**

I will pay my balance on AU Student Link during the registration week. The Student Finance Office will not charge my card unless I did not make a payment. (Fill in credit card number and sign below).

\_\_\_\_\_ **Pay 1/2 at Registration and 1/2 the First Day of Classes**

I will pay 1/2 online during web registration and 1/2 on the first day of classes. 1/2 will be paid online and 1/2 of my payment will be automatically debited on the first day of classes. (Enter credit card number and sign below).

\_\_\_\_\_ **Payment Plan**

**Payment Plan During Registration:**

See Attached payment plan agreement form.

\_\_\_\_\_ **Check**

I will mail in my check by **January 7, 2008**. I understand if I do not pay by this date I will incur a late fee and may be dropped from all my courses.

\_\_\_\_\_ **Pay Balance Due (Financial Aid does not cover my balance)**

My financial aid does not cover my balance due. I have completed and attached the "Balance Due Form". I give permission to charge the remaining balance in full on my credit card. I understand this charge will be made during registration.

**I give my permission to Argosy University to charge my credit card below by the above amount and schedule.**

<b>Signature:</b> _____	<b>Date:</b> _____
Card#: _____	Exp. Date: _____
Credit Card Security Code: _____	