

Payment Plan

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CASHIERS' OFFICE

revised 3-23

<u>Summer 2024 – 202430</u>	<u>)</u>
(complete new each seme	ster

	tompiete new euch semeste	<u>= </u>
	Title IV Consent comp	leted Cashier reviewed
Student I.D.		
Last Name	First Name	Middle Initial
*Reep a copy of this form. Re *Payment Plan & First Paymen *If you withdraw from classes, *This worksheet is to be used a account information. *Failure to pay the plan as agre *Grades, transcripts, certificate *Registration for future semes *Not attending or stopping to a *If you anticipate Financial Aid balance remains after funds ar Service, Student Account Summ *Title IV Consent must be com	you are still responsible to pay any remaining as a guide only. Refer to the Banner Self Self seed may result in the account being turned es/diplomas will not be released if there is a ters will be denied until the account balance attend your classes will not reduce or eliming, Employer Sponsorship, State Program funde showing as "credits", you're responsible for the Banner Self Self Self Self Self Self Self Self	in order to prevent no pay drop from courses. ing balance. rvice, Student Account Summary for your current over to the Ohio Attorney General for collection. a balance still due after the final payment date. is paid in full or below \$500.00. nate charges on your account. ids (ex. CCP) etc, but they are not "credits" or a for the balance due. Review your Banner Self ate payment plan
This costion t	a ha commissed by the Cockiese'	Office each competer
Inis section t	o be completed by the Cashiers' (Office each semester
Total Charges		\$
Anticipated Financial Aid		\$
Charges to be Financed		\$
Payment 1 Due Date	Monday May 6, 2024	\$
Payment 2 Due Date	Tuesday May 28, 2024	\$
Payment 3 Due Date	Friday June 28, 2024	\$
Payment 4 Due Date	Friday July 19, 2024	\$
Finance Charge (Non-Refu	undable) Due at signing	\$ 20.00