

# BRADLEY

UNIVERSITY

## APPLICATION TO ENROLL IN THE 2009-2010 MONTHLY INSTALLMENT PAYMENT PLAN

Thank you for your interest in the MIPP (Monthly Installment Payment Plan). This plan is available to all full time (12 hours or more both Fall and Spring semesters) students. Please complete the application in its entirety even if you participated in the program last year. Return the completed form along with the annual application fee to the address listed below. **Enrollment Deadline and Fee:** Continuing students - May 15, 2009 - \$135.00; New and transfer students - August 7, 2009 - \$135.00. Continuing students after May 15, 2009 - \$150.00. No applications will be accepted after August 7, 2009. **Please note, the first payment is due June 1, 2009. Back payment will be due upon enrollment into the MIPP program.**

Controllers Office • Student Fees Department  
1501 W. Bradley Avenue  
Peoria, IL 61625

Ph. 309-677-3126 or 3120 • FAX 309-677-4062 • E-mail lasmith@bradley.edu

Bradley University offers three options for your monthly payments (Check only one):

- Automatic debit to your checking or savings account (Complete Sections 1 and 3)
- Automatic charge to your MasterCard, VISA or Discover (Complete Sections 1 and 2)
- Mail your payment each month (Complete Section 1)

### SECTION 1: (Required of all applicants) *In the event that this account is not paid as required, I agree to pay for all costs associated with collection.*

_____ Student's ID Number	_____ Parent's Name (Daytime Contact)
_____ Student's Name (please print)	_____ Address
_____ Student's Signature (Parent signature if student is a minor)	_____ City, State, Zip
	_____ Parent E-Mail ( <b>Recommended</b> )
Student's Cell Phone # (_____) _____	Parent Daytime Phone # (_____) _____
Home Phone # (_____) _____	Parent Cell Phone # (_____) _____

Please answer **ALL** of the following questions regarding your status at Bradley University:

1. I am currently a:  New freshman student  New transfer student  Continuing Bradley student
2. Housing?  Residence Hall  SAC  St. James  Fraternity/Sorority House  Commuter/Other
3. Are you planning to Study Abroad in the 09-10 school year?  Yes  No  
If yes,  Fall Term  Spring Term  Interim (January or May)
4. Are your parents going to apply for a PLUS or Private Loan?  Yes  No
5. Are you going to use 529 proceeds to pay or lower payments?  Yes  No  
If yes, name of fund \_\_\_\_\_  
*(ex: College Illinois, Bright Directions, etc.)*
6. Are you planning on any outside scholarships?  Yes  No  
If yes, 1st semester \_\_\_\_\_ 2nd semester \_\_\_\_\_

I have enclosed a check for the MIPP enrollment fee.

Please charge my Checking  Savings  Credit Card  account for the MIPP enrollment fee.

**Complete credit card or bank account information on the reverse side (REQUIRED).**

**SECTION 2: (Automatic Charge to MasterCard/VISA/Discover)**

Please charge my monthly (MIPP) payment to my \_\_\_ VISA \_\_\_ MasterCard \_\_\_ Discover

Account Number \_\_\_\_\_ Expiration \_\_\_\_\_  
Month Year

Signature \_\_\_\_\_

**SECTION 3: (Automatic Debit to Checking/Savings Account) Please indicate type of account: \_\_\_ Checking \_\_\_ Savings**

Account Holder's Name (please print) \_\_\_\_\_ Acct. # \_\_\_\_\_

Account Holder's Signature \_\_\_\_\_ Routing # (9 digits) \_ \_ \_ \_ \_

**Authorization Agreement for Preauthorized Payments**

I (we) hereby authorize Bradley University to initiate debit entries to either my (our) checking or savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

DEPOSITORY NAME \_\_\_\_\_

(Banking Institution)

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Mary Student 300 Bradley Avenue Peoria, IL 61625	6125
Pay to the Order of _____	_____ 20 _____ \$ _____ _____ Dollars
Hometown Bank Hometown USA	Mary Student
For _____	_____
<u>①:26532891①:</u> <u>①01 512 0882①</u> 6125	

Bank 9-digit routing number

Checking Account Number