

**ITASCA COMMUNITY COLLEGE
DEFERMENT/PAYMENT PLAN REQUEST**

\$20.00 Processing Fee (This fee will be charged to your account.)

FALL SEMESTER _____ Down Payment \$ _____
SPRING SEMESTER _____
SUMMER SEMESTER _____ Balance Due + \$20 Processing Fee \$ _____

Name of Applicant _____

Student Number _____

Phone Number While Attending Itasca _____

Address While Attending Itasca _____

City _____ State _____ Zip _____

Payment Schedule - Be Specific / Include date(s) and amount(s): _____

I promise to pay to the order of Itasca Community College, 1851 E Hwy 169, Grand Rapids, MN 55744, the balance of \$_____. I agree to pay all collection and late fees charges, including attorney fees, in the event I default.

Student Signature _____ Date _____

Recommended Approval _____ Date _____

Authorized Signature _____ Date _____

