

**Fall 2017 Payment Plan Modification**

Please use this form to make adjustments to your monthly payment plan. Please submit this form **7 calendar days** prior to the scheduled date of payment. Forms received after this date will **not** be accepted.

**Section I: Student Information**

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HBU ID **H** \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_

**Section II: I authorize HBU to cancel my payment plan for the checked month(s) below and authorize HBU to automatically reactivate for the following month:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Term** | **May 30, 2017** | **June 30, 2017** | **July 28, 2017** | **August 30, 2017** | **September 29, 2017** | **October 30, 2017** | **November 30, 2017** | **December 29, 2017** |
| **Fall 2017** |  |  |  |  |  |  |  |  |

**Section III: I authorize HBU to terminate my payment plan for the entire term:**

[ ] Fall 2017

[ ] **Disclosure: Electing to cancel a scheduled payment could result in a temporary hold on your student account. In addition, future classes may be dropped due to failed/missed payments.**

 **Section IV: Please include your signature, date and phone number.**
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**(Student’s signature) (Today’s Date) (Phone)**