

**Fall 2018 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 processed prior to the first attempt. Lastly, your request will ***not*** be processed unless the disclosure statement is acknowledged.

**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:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **March** | **April** | **May** | **June** | **July** | **August** | **September** | **October** | **November** | **December** |
|  |  |  |  |  |  |  |  |  |  |

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

[ ] Fall 2018  
  
[ ] **Disclosure: *Electing to cancel a scheduled payment could result in a temporary hold on your student account as well as restricting access to grades, register for class or request transcripts. 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)