



# Deferred Payment Plan Agreement

**PLEASE PRINT CLEARLY**

Name: \_\_\_\_\_ Sevis #: \_\_\_\_\_

I-20 Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ I-20 End Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone #: \_\_\_\_\_

The Finance Department of the Harvest English Institute and Services, Inc. has authorized the above mentioned student to pay tuition expenses on an installment basis. Failure to make deferred payments in accordance with the scheduled repayment plan may be cause for cancellation of a student's enrollment with no refund of amounts previously collected. **Payments are required as follows:**

**Total Amount Tuition: US\$** \_\_\_\_\_

**Initial payment: US\$** \_\_\_\_\_ (4 weeks due at Registration) + **US\$** \_\_\_\_\_ (8 weeks due at Activation of Record)

**\*\* Amount Deferred: US\$** \_\_\_\_\_

Amount Deferred to be paid in \_\_\_\_ payments of US\$ \_\_\_\_\_ due on the first day of each month.  
(# of payments) (amount)

**\*\* Amount Deferred will be collected on:**

1) ____ / ____ / ____	7) ____ / ____ / ____
2) ____ / ____ / ____	8) ____ / ____ / ____
3) ____ / ____ / ____	9) ____ / ____ / ____
4) ____ / ____ / ____	10) ____ / ____ / ____
5) ____ / ____ / ____	11) ____ / ____ / ____
6) ____ / ____ / ____	12) ____ / ____ / ____

I, \_\_\_\_\_ promise to pay the above installments to the HARVEST ENGLISH INSTITUTE AND SERVICES, INC on or before the required due date. I understand that my failure to pay or otherwise satisfactorily resolve this debt will subject me to whatever collection procedures including collection of fees, attorney fees and court costs or punitive actions the Harvest English Institute and Services, Inc employs. Such actions can include, but are not necessarily limited to: withdrawal from class; withholding the release of transcripts and grade reports; the use of collection agencies, credit bureaus, litigation and denial of future registration privilege. I understand that if I incur a late fee on a Deferred Payment Plan that I may not be considered for a future Deferred Payment Plan. I also understand that I have voluntarily entered into this Deferred Payment Plan. By affixing my signature to this agreement, I am recognizing my financial obligation to Harvest English Institute and Services, Inc.

Student Signature \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

Issued by the Finance Department \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Signature Date

**[i] Tuition must be collected on the payment due date.** The Harvest Institute allows students to have a 5-day grace period as of tuition payment due date. If students fail to pay after the 5<sup>th</sup> day of grace period, there will be a late fee of \$15 (flat fee) and an addition of \$1.00 per day until payment is satisfied. Students will be charged a fee of \$35.00 for returned checks regardless of reason. In addition, the student will not be admitted in class until his/her status is settled. **Tuition, materials and other fees are set by the school and are subject to change without notice.**

**OFFICE USE ONLY**

Received On \_\_\_\_ / \_\_\_\_ / \_\_\_\_ by \_\_\_\_\_.

Processed On \_\_\_\_ / \_\_\_\_ / \_\_\_\_ by \_\_\_\_\_.