## EARLY CARDINAL PAYMENT PLAN - Spring 2021

MAIL FORM AND PAYMENT TO: BURSAR'S OFFICE, UNIVERSITY OF LOUISVILLE, LOUISVILLE KY 40292 HOUCHENS BLDG, ROOM 101 - TEL: (502) 852-6503 MAKE PAYMENT ONLINE AND EMAIL FORM: bursartr@louisville.edu

STUDENT #	: PRINT N	NAME:			
I promise to	pay to the University of Louisville t	he PLAN AN	10UNT indicated below to	gether with all attori	ney's fees and related
costs and ch	arges for the collection of any amou	unt not paid	when in default according	g to the terms of this	agreement.
Tuition for Anticipated Hours			\$	This form and the required down payment must be received in the Bursar's Office by 12/15/2020	
Housing/Meal Plan			\$		
All Other Fees (course, lab, etc.)			\$		
TOTAL ACCOUNT CHARGES			\$	12/13/2020	
Less: Financial Aid			-\$		
STUDENT ACCOUNT BALANCE			(A) \$		
Down Payment (1/5 of Student Account Balance )			(B) \$		
Finance Charg	ge		(C) \$ 25.00		
INITIAL PAYMENT DUE (Down Payment + Finance Charge: B+C)			(D) \$	Make Check payable to: University of Louisville	
PLAN AMOUNT (4/5 of Student Account Balance or A-B. Round to nearest whole dollar amount.)			(E) \$	Approved by Ru	urcar Staff
			(1) 7	Approved by Bursar Staff	
Annual	Pre-paid Finance Charge (The dollar amount the credit will cost you)		nount (The amount of credit	Total #of	Total Cost (The Plan
Percentage			provided to you)	Payments	Amount + Finance Charge)
Rate	<u>\$25.00</u> (See (C) Above)			5	
<u>0%</u>			(See (E) Above)	(Including Down Payment)	(Line C + E)
I understand a The PLA semeste process REFUND I unders O Hagree I will con DEFAUL TO MAR POLICY THAT T	and agree to the following:  AN AMOUNT shall be no more than 4/5 ers may NOT be included in this paymed. One fifth of the PLAN AMOUNT is dotable.  Stand that it is my responsibility to make stand that any financial aid funds proces	the installment plan. The ue by each of the installment plan the install	ne "Initial Payment Due" must the installment due dates also the installment due dates also the installment on time according the university will be applied to my account an reduction in financial aid may outstanding on this agreement ge of address. I certify that I a which remain unpaid as of the DINSTALLMENT, THIS AGREEN ALIFY ME FROM CONTINUED FAS LONG AS THIS AGREEMENTALLED, ALONG WITH OTHE	current semester. Unpost be received before bove. THE \$25 PRE-PAID of this account and may do may reduce the amount do the tupon withdrawal. In eighteen years of age Final Installment Due I MENT SHALL BE CONSID PARTICIPATION IN THIS T REMAINS UNPAID. FUR RELEVANT INFORMA	aid balances from previous this payment plan will be DEINANCE CHARGE IS NOT greement.  Treduce the amount due on ant due on this agreement.  The or older.  Date.  ERED IN DEFAULT. FAILURE LOAN PROGRAM. IT IS THE JETHER, IT IS UNDERSTOOD
STUDENT SIG	NATURE:		DATE: PH	ONE ()	
PAYER EMAIL				1	

ATTACH "INITIAL PAYMENT DUE" CHECK TO PAYMENT PLAN FORM OR PAY BY CREDIT CARD OR E-CHECK AT: University of Louisville-ULink > STUDENT> Financial Accounts> Make a Payment.