

CFCU

Payment Plan

Date _____

Student Name _____

Program Title _____

Last 4 Digits of Social _____

Home Phone _____ Cell Phone _____

E-mail Address _____

Program Tuition \$ _____

Weekly

Bi-weekly

Application Fee \$ _____

Registration Fee \$ _____

	BALANCE DUE
WEEK 1	_____
WEEK 2	_____
WEEK 3	_____
WEEK 4	_____
WEEK 5	_____
WEEK 6	_____
WEEK 7	_____
WEEK 8	_____

Student Signature _____