

Complete this form only if joining the Deferred Payment Plan.

DEFERRED PAYMENT FORM — CLL SPRING TERM

Name

ID #

I would like to use the deferred payment plan. Enclosed is 1/3 of spring term's **Adjusted Balance Due** and the \$25.00 deferral fee. I understand that my second and third payments are due on February 9 and March 9 respectively.

Signature

Date

Complete this form only if joining the Deferred Payment Plan.

DEFERRED PAYMENT FORM — CLL SPRING TERM

Name

ID #

I would like to use the deferred payment plan. Enclosed is 1/3 of spring term's **Adjusted Balance Due** and the \$25.00 deferral fee. I understand that my second and third payments are due on February 9 and March 9 respectively.

Signature

Date

Complete this form only if joining the Deferred Payment Plan.

DEFERRED PAYMENT FORM — CLL SPRING TERM

Name

ID #

I would like to use the deferred payment plan. Enclosed is 1/3 of spring term's **Adjusted Balance Due** and the \$25.00 deferral fee. I understand that my second and third payments are due on February 9 and March 9 respectively.

Signature

Date