Method of Payment Selection Form

We need to know by **July 31, 2019** how you intend to take care of the balance due on your account. **If we don’t hear back by then, you may be placed on hold and be unable to confirm your class registration at the start of the semester.** You may also be subject to a $50 late fee.

Please print and complete this page and return it by e-mail to accounting@earlham.edu, by fax to 765-983-1444 or by mail to Earlham College Accounting Office, Drawer #201, 801 National Rd West, Richmond, IN 47374.

**Student Name:** ___________________________________________ **ID#:** ____________________________

**Method of Payment:**

A. _____ **Payment in Full**—complete each applicable part below:
   - _____ I will send $___________ by August 12, 2019
   - _____ I will be getting an outside scholarship or loan for $___________ from ____________________________
   - _____ I will be sending a 529 Plan payment of $___________
   - _____ Other (explain) ____________________________________________

B. _____ **TMS Monthly Payment Plan**—select one below:
   - _____ I have already enrolled with TMS, or
   - _____ I will enroll with TMS by August 12, 2019

C. _____ **Deferred Payment Plan**, and I have sent ½ the balance due by July 31.

**Signature:** ___________________________________________ **Date:** ____________________________