

Method of Payment Selection Form

Please let us know by **July 31, 2024** 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 \$50.00 late fee.

Please complete this page and upload to <https://earlham.edu/accounting/accounting-secure-file-upload/> or fax to 765-983-1444 or mail to Earlham College Accounting Office, Drawer #201, 801 National Rd West, Richmond, IN 47374.

Date: _____

Student Name: _____ ID#: _____

Method of Payment:

A. **Payment in Full**—complete each applicable part below:

I will send \$_____ by **August 9, 2024**.

I will be getting an outside scholarship or loan for \$_____ from _____

I will be sending a 529 Plan payment of \$_____

Other (explain) _____

B. **Nelnet Monthly Payment Plan**—select one below:

I have already enrolled with Nelnet, or

I will enroll with Nelnet by **August 9, 2024**