

Tennessee Temple University
Payment Plan Worksheet



Student Name: _____ Student ID: _____
Responsible Party's Name: _____
Address: _____
Phone Number: _____ Email: _____

Standard Payment Plan

Total Balance: _____
Enrollment Fee (due up front): _____ \$50.00
Down Payment: _____
Monthly Payment Amount: _____

Payment Schedule

Date Due	Amount Due	Paid	Remaining Balance
			\$0.00

Form of Payment

- ACH- automatic debit (Mail form and include voided check)
 Credit Card (Circle One)- Visa Master Card Discover American Express
Name on Card _____
Card Number _____ Exp Date _____ Sec Code _____

I authorize TTU set up automatic monthly transactions for this payment arrangement.

Signature _____

Mail to:
Tennessee Temple University
Attn: Business Office
1815 Union Avenue
Chattanooga, TN 37404

Fax to:
Tennessee Temple Univeristy
Attn: Business Office
423-493-4497