



TUITION/FEE INSTALLMENT PLAN (TIP/FIP) CONTRACT

THIS CONTRACT IS NOT VALID WITHOUT FIRST PAYMENT

Name: _____ SID#: _____

Address: _____ City, State Zip: _____

Home Phone: _____ Cell: _____ e-mail: _____

The Tuition/Fee Installment Plan (TIP/FIP) is designed to give you flexibility in meeting your financial obligation to Pierce College and JBLM Pierce College. The payment plan allows you to make up to three equal payments. The TIP/FIP is adjusted based on when you register and could result in less than three payments. There will be a \$25.00 non-refundable set up fee. Late payments will be assessed a \$30.00 late fee.

PAYMENT DUE DATES: *Check if Special Arrangement ()* Balance after 1st payment _____

Due Date:	Amount :	Date Paid:
Due Date:	Amount :	Date Paid:
Final Due Date:	Amount :	Date Paid:

By signing and initialing this contract, I understand that:

1. _____ I am responsible for paying the amounts above by the due dates listed. Pierce College agrees not to refer this debt to collections as long as I make my payment arrangements by the agreed upon due dates.
2. _____ I may officially withdraw from my classes through _____ (last day for 100% refund) and that any payments I have made are subject to the Pierce College refund policy.
3. _____ I am giving Pierce College the rights to **bill** for tuition and fees. I am held responsible for paying them, if I am still enrolled in classes after _____ (last day for 100% refund). Failure to make payment as agreed may result in my account being referred to an outside collection agency and I will be responsible for all costs including collection cost 25% to 35%, 12% interest and reasonable legal fees per Washington State Law. **(All collection cost are added on top of your outstanding tuition balance.)**
4. _____ There will be a hold on my records and I will not be allowed to withdraw, obtain transcripts or register for future quarters until this debt is paid in full.
5. _____ I understand that if I have been awarded Financial Aid, my TIP/FIP will be deducted from my financial aid check.
6. _____ It is my responsibility to maintain the accuracy of my records (change of address may be made in person at the Registration Office or on-line at www.pierce.ctc.edu/SOS). **It is also my responsibility to contact Cashiering to update my TIP/FIP contract if I add/drop a class.**
7. _____ I authorize Pierce College and their respective agents and contractors to contact me regarding my tuition, fees, fines and financial aid at the current or any future numbers that I provide for my cellular phone or other wireless device using automated telephone dialing equipment or artificial or pre-recorded voice or text message.

Student Signature: _____ Date: _____

Payment Instructions:

1. Make a payment at Cashier's Office by cash, check, money order, VISA, or MasterCard
2. Mail payment to: **Pierce College/JBLM** or **Pierce College**
Attn: Cashier Attn: Cashier
9401 Farwest Drive SW 1601 39th Ave S E
Lakewood, WA 98498 Puyallup, WA 98374
Phone: (253) 964-6700 Phone: (253) 840-8405
FAX: (253) 964-6282 FAX: (253) 864-3215

staff initials _____

TOTAL Inc. \$25.00 \$

QUARTER: _____

Pay online by using our ePayment www.pierce.ctc.edu/dist/tuition

Cashier/Registration (Original Copy) Student Copy (Yellow Copy) Copy given to student () Mail copy to student ()