



Northwest Nazarene University
Great minds • Great hearts • Great futures

CONCURRENT CREDIT PROGRAM Interest-Free Monthly Payment Option

Student's Name: _____
 SS #: _____ Student ID# (not required): _____
 Bill Payer's Name: Mr./Mrs./Ms. First _____ M.I. _____ Last _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____ Payer's E-mail: _____
 Phone: Day (____) _____ - _____ Evening (____) _____ - _____ Cell (____) _____ - _____

To arrive at the balance due, please complete the following:

_____ x \$65 = \$ _____ - \$ _____ = \$ _____
 # of credits Cost of Credits Down Payment Balance Due

The balance due may be paid in equal and consecutive monthly payments. The balance MUST be paid in full before the class is completed.

BALANCE DUE:	
Due Date	Monthly Payment Amount
October 1, 2008	
November 1, 2008	
December 1, 2008	
January 1, 2009	
February 1, 2009	
March 1, 2009	
April 1, 2009	
May 1, 2009	

For monthly credit/debit card payments, complete the following authorization. Payments will be charged to your account on the 1st of the month unless other arrangements are made.

Please print legibly:
(Master Card, VISA, Discover or Am.Express)

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Expiration Date: --- / --- (mm/yy)

Cardholder's Name: _____

(Please print)

Cardholder's Signature: _____

Cardholder's Address: _____

I acknowledge payments are due to NNU on the dates indicated. *NOTE: Payments received after the 5th will incur a \$10 late fee.*

STUDENT'S SIGNATURE

DATE

PARENT'S SIGNATURE

DATE