

**REQUEST FOR  
PAYMENT PLAN CHANGE**

*Use this form if changing payment plan AFTER May 31st  
A \$50 processing fee must be submitted at the time of this request*

\*\*Select new payment plan\*\*

- One Payment Plan
- Two Payment Plan
- Monthly Payment Plan
- Financial Aid **With Automatic** Deduction Payment Plan
- Financial Aid **Without Automatic** Deduction Payment Plan

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Print Student Name

Hall/Room/Bed# \_\_\_\_\_

**Accounting Use Only:**

Date: \_\_\_\_\_

Method of Payment: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

Amount Rec'd: \_\_\_\_\_

Original Payment Plan \_\_\_\_\_

New Payment Plan \_\_\_\_\_

Changes made in Odyssey:    Yes    No    \_\_\_\_ Initials

New Payment Letter Sent:    Yes    No    \_\_\_\_ Initials

AB#: \_\_\_\_\_

Invoice: \_\_\_\_\_

Credit: \_\_\_\_\_

Spread: \_\_\_\_\_

Initials: \_\_\_\_\_