

**Cleveland Institute of Music
Payment Plan Enrollment Form**

DATE: _____

SPRING 2012

(Please fill this form for each child taking lessons at CIM)

STUDENT'S NAME: _____

ADDRESS: _____

CITY/ST/ZIP: _____

NAME (S) OF PARENT/GUARDIAN: _____

TEL. # _____ EMAIL ID: _____

RELATIONSHIP WITH THE STUDENT: _____

TOTAL AMOUNT DUE: _____ *(Amount listed on the Invoice)*

MONTHLY INSTALLMENT: _____ *(Total Invoice Amount / 4)*

FIRST INSTALLMENT: \$ _____ + \$15 PAYMENT PLAN FEE = \$ _____

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- I understand that payment plans will be established for current semester charges only. I promise to pay Cleveland Institute of Music (CIM) all payments detailed in the payment plan agreement by the established deadline.
 - I understand that the payment plan option comes with a non-refundable \$ 15 payment plan fee per child per semester, which must be paid with the first installment.
 - I understand that the payment plan due dates for Spring 2012 semester are February 1st, March 1st, April 1st, and May 1st.
 - I understand that failure to pay all charges by the due date will leave my account subject to a hold and cancellation of my classes. I understand that if I do not resolve my debt, CIM will turn my account over to a Collection Agency.
 - I understand that if I cancel my payment plan, I will pay the entire balance amount upon cancellation.

Signature of Parent/Student: _____

NOTE:

IF YOU HAVE ALREADY SET UP PAYMENT PLAN OPTION WITH CIM, YOU NEED NOT FILL THIS FORM. PLEASE INCLUDE YOUR \$15 PAYMENT PLAN FEE WITH YOUR FIRST PAYMENT.

IF YOU WERE ON A CREDIT CARD PAYMENT PLAN, CIM WILL CHARGE YOUR CREDIT CARD ON THE DUE DATES LISTED ABOVE.