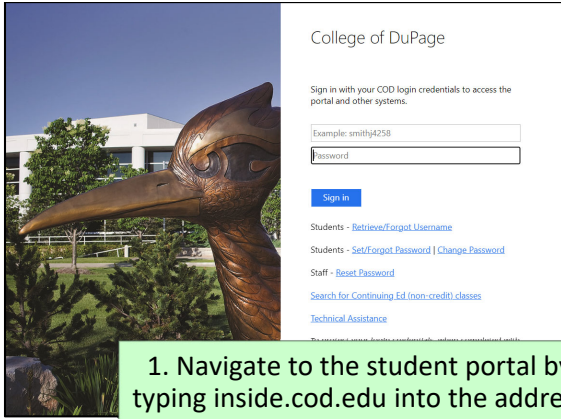


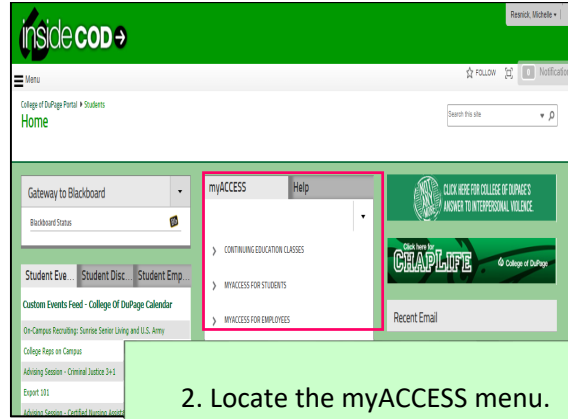
Payment Plans: Steps to Enroll

College of DuPage requires all students to pay their account balance in full or enroll in one of our flexible payment plans at the time of registration. This applies to all students registering for classes, including students utilizing financial assistance. See cod.edu/paymentpolicy for more information.

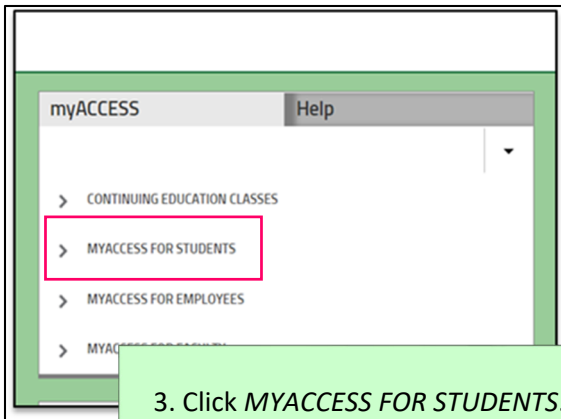
Follow these simple instructions to enroll in a payment plan:



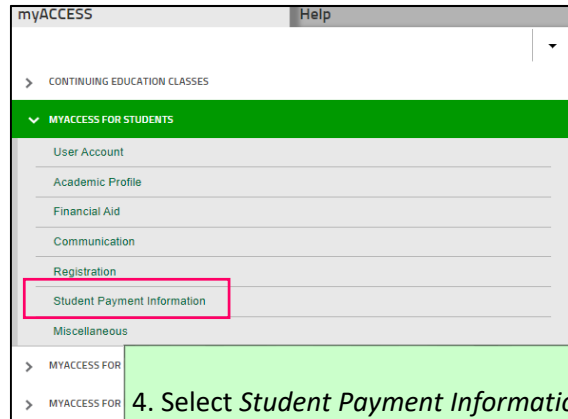
1. Navigate to the student portal by typing inside.cod.edu into the address bar of the browser, then log in.



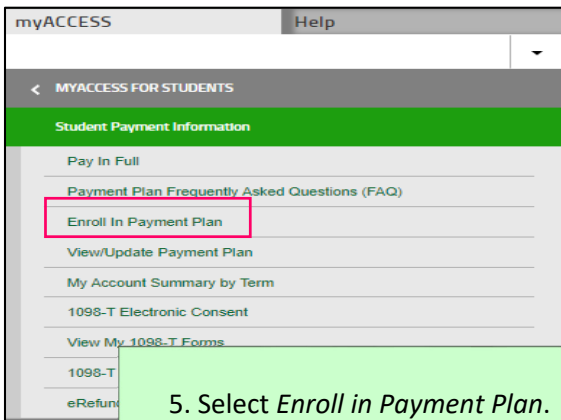
2. Locate the myACCESS menu.



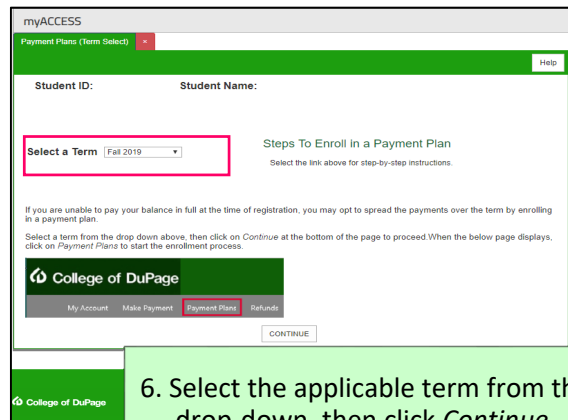
3. Click *MYACCESS FOR STUDENTS*.



4. Select *Student Payment Information*.

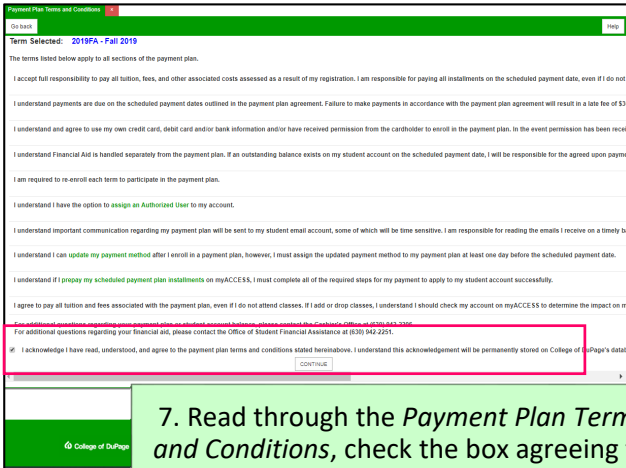


5. Select *Enroll in Payment Plan*.

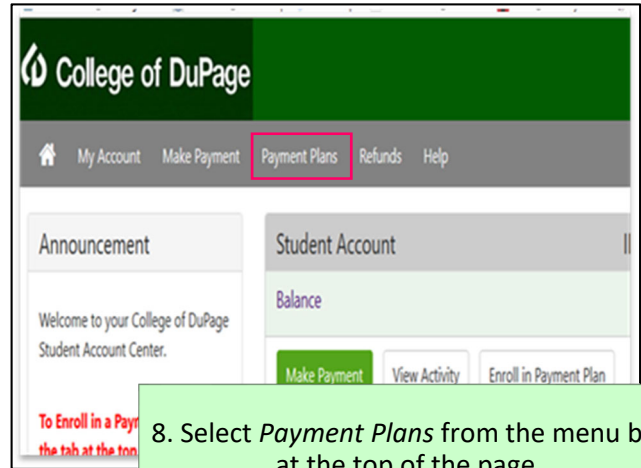


6. Select the applicable term from the drop-down, then click *Continue*.

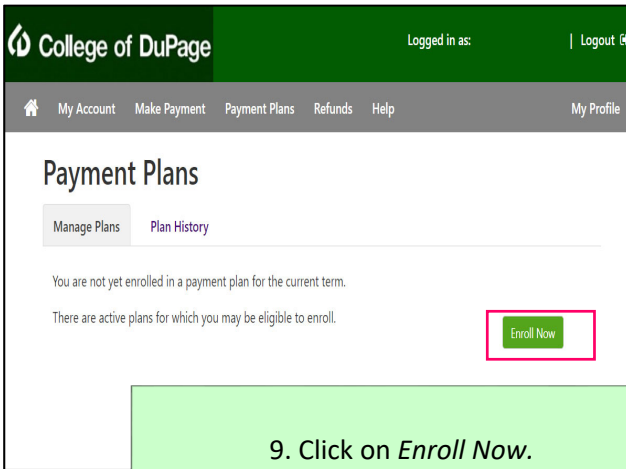
Payment Plans: Steps to Enroll (Continued)



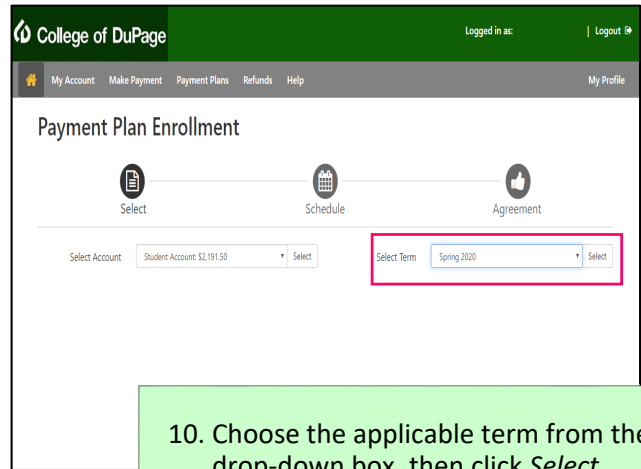
7. Read through the *Payment Plan Terms and Conditions*, check the box agreeing to the terms, then click *Continue*.



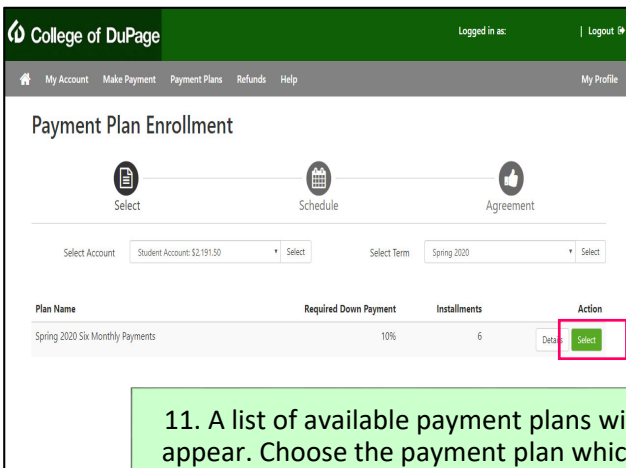
8. Select *Payment Plans* from the menu bar at the top of the page.



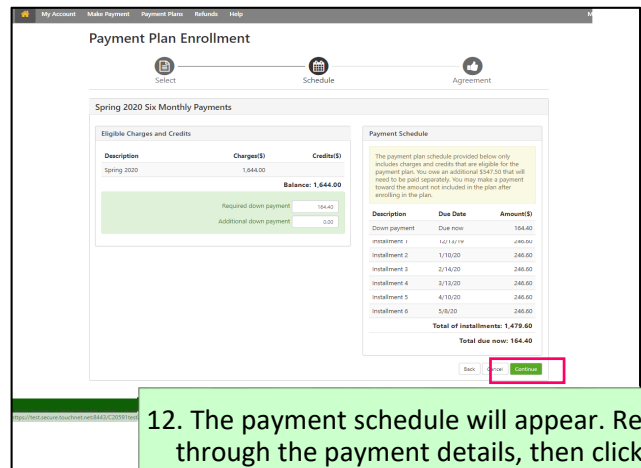
9. Click on *Enroll Now*.



10. Choose the applicable term from the drop-down box, then click *Select*.



11. A list of available payment plans will appear. Choose the payment plan which best suits you, then click *Select*.



12. The payment schedule will appear. Read through the payment details, then click *Continue*.

Payment Plans: Steps to Enroll (Continued)

College of DuPage
Logged in as: | Logout

My Account Make Payment Payment Plans Refunds Help My Profile

Payment Plan Enrollment

Select Schedule Payment Agreement

This plan requires scheduled payments.

- You must pay the plan fees before enrollment can be processed.
- All installments are paid automatically on their due dates. The payment method you choose will be used for all these payments.
- You are responsible for making sure that the payment method remains valid for the duration of this payment plan.

Amount: \$164.40
Method: Credit or Debit Card

Back Cancel Continue

13. Choose the payment method from the drop-down box, click *Continue*.

Payment Plan Enrollment

Select Schedule Payment Agreement

This plan requires scheduled payments.

- You must pay the plan fees before enrollment can be processed.
- All installments are paid automatically on their due dates. The payment method you choose will be used for all these payments.
- You are responsible for making sure that the payment method remains valid for the duration of this payment plan.

Amount: \$164.40
Method: Credit or Debit Card

Account Information

*Indicates required fields

Card account number: xxxxxxxxxxxx1111

Name on card: John Doe

Card expiration date: 10 / 2036

Card Verification Value: 123

Cardholder Billing Information

Country: UNITED STATES

Billing address: 123 Fake Street

Billing address line two:

City:

State:

Postal Code:

14. Enter the card/bank account information corresponding to the payment method. Double-check the information entered is correct.

Payment Plan Enrollment

Select Schedule Payment Agreement

This plan requires scheduled payments.

- You must pay the plan fees before enrollment can be processed.
- All installments are paid automatically on their due dates. The payment method you choose will be used for all these payments.
- You are responsible for making sure that the payment method remains valid for the duration of this payment plan.

Amount: \$164.40
Method: Credit or Debit Card

Account Information

*Indicates required fields

Card account number: xxxxxxxxxxxx1111

Name on card: John Doe

Card expiration date: 10 / 2036

Card Verification Value: 123

Cardholder Billing Information

Country: UNITED STATES

Billing address: 123 Fake Street

Billing address line two:

City: Carol Stream

State: Illinois (IL)

Postal Code: 60188

Refund Options

Only one account can be designated to receive refunds.

Check here if you would like refunds to be deposited into this account.

Back Cancel Continue

15. Enter a payment method name to help you identify the payment method in the future.

Payment Plan Enrollment

Select Schedule Payment Agreement

This plan requires scheduled payments.

- You must pay the plan fees before enrollment can be processed.
- All installments are paid automatically on their due dates. The payment method you choose will be used for all these payments.
- You are responsible for making sure that the payment method remains valid for the duration of this payment plan.

Amount: \$164.40
Method: Electronic Check (checking/savings)

Account Information

*Indicates required fields

You can use any personal checking or savings account. Do not enter other accounts, such as corporate account numbers, credit cards, home equity or traveler's checks. Do not enter debit card numbers. Instead, enter the complete routing number and bank account number as found on a personal check.

Account type: Checking

Routing number (Example): xxxxxxxx

Bank account number: xxxxxxxx

Confirm account number: xxxxxxxx

Billing Information

Name on account: John Doe

Billing address: 123 Fake Street

Billing address line two:

City: Carol Stream

State: Illinois (IL)

Postal Code: 60188

Refund Options

Only one account can be designated to receive refunds.

Check here if you would like refunds to be deposited into this account.

Back Cancel Continue

16. If your selected payment method is electronic check, check the box on the right-hand side under *Refund Options* to enroll in eRefunds (direct deposit).

Payment Plan Enrollment

Select Schedule Payment Agreement

This plan requires scheduled payments.

- You must pay the plan fees before enrollment can be processed.
- All installments are paid automatically on their due dates. The payment method you choose will be used for all these payments.
- You are responsible for making sure that the payment method remains valid for the duration of this payment plan.

Amount: \$164.40
Method: Credit or Debit Card

Account Information

*Indicates required fields

Card account number: xxxxxxxxxxxx1111

Name on card: John Doe

Card expiration date: 10 / 2036

Card Verification Value: 123

Cardholder Billing Information

Country: UNITED STATES

Billing address: 123 Fake Street

Billing address line two:

City: Carol Stream

State: Illinois (IL)

Postal Code: 60188

Back Cancel Continue

17. Click *Continue*.

Payment Plan Agreement

- You must scroll through the full agreement and select "I agree" to continue.
- By agreeing and continuing, you will also be submitting a payment today of \$164.40 as a part of your enrollment.

Please read the following agreement carefully before you continue.

Annual Percentage Rate	The cost of your credit as a yearly rate.	0.00%
Setup Fee*	The dollar cost to establish the plan.	\$0.00
Amount Financed	The amount you owe the College for the current term.	\$1,479.60
Total of Payments	The amount you will have paid after you have made all payments as scheduled.	\$1,479.60

*For students enrolling in a deferred payment plan, the setup fee of \$25.00 will be assessed only in the event that the financial aid transmitted is insufficient to cover the term amount and it becomes necessary to process installment payments.

You have the right to receive at this time an itemization of the Amount Financed. Select View Worksheet below for a printable version of this itemization.

I, _____ hereby agree that I am responsible for the balance due, and that I agree to pay the balance as stated in this agreement in 6 installment payments on or before the due date specified for each installment. I understand that **INSTALLMENT AMOUNTS MAY CHANGE** over time to account for any new charges, payments, or financial aid adjustments. I also understand that failure to meet the terms of this agreement may entitle College of DuPage to (1) declare the full balance plus late fees immediately due and payable by law, (2) refuse subsequent registration for any classes (3) drop current classes (4) deny future enrollment in any payment plan, and (5) withhold grades, diplomas, or transcripts from being released until the unpaid balance, as well as all attorney fees, legal expenses, and other collection costs are paid in full.

Installment 1 in the amount of **\$246.60 due on 12/13/19**.

Installment 2 in the amount of **\$246.60 due on 1/10/20**.

Installment 3 in the amount of **\$246.60 due on 2/14/20**.

Installment 4 in the amount of **\$246.60 due on 3/13/20**.

Installment 5 in the amount of **\$246.60 due on 4/10/20**.

Installment 6 in the amount of **\$246.60 due on 5/8/20**.

This agreement is dated 10/8/19 3:09:10 PM CDT.

For fraud detection purposes, your internet address has been logged: 192.203.137.198 at 10/8

ANY FALSE INFORMATION WILL BE PENALIZED

I agree to the terms

18. The payment plan agreement will appear. Read the agreement in its entirety.

Payment Plans: Steps to Enroll (Continued)

ANY FALSE INFORMATION ENTERED HEREON CONSTITUTES AS FRAUD AND SUBJECTS THE PARTY ENTERING SAME TO FELONY PROSECUTION UNDER BOTH FEDERAL AND STATE LAWS OF THE UNITED STATES. VIOLATORS WILL BE PROSECUTED TO THE FULLEST EXTENT OF THE LAW.

To revoke this authorization agreement you must contact CODPAYMENTHELP@cod.edu.

Print and retain a copy of this agreement.

Please check the box below to agree to the terms and continue.

I agree to the terms and conditions.

[Print Plan Amounts](#) [Print Agreement](#) [Back](#) [Cancel](#) [Continue](#)

19. At the bottom of the payment plan agreement, check the box agreeing to the terms and conditions, then click *Continue*.

College of DuPage

Payment Receipt

- Thank you, your payment was processed successfully.
- Your enrollment in Spring 2020 Six Monthly Payments was processed successfully.

Payment Confirmation

Payment date:	10/8/19
Payment Time:	15:12:03
Name of Payer:	College of DuPage
Card type:	VISA
Name on card:	
Account number:	XXXXXXXXXXXXXXXXXXXX1111
Amount paid:	\$164.40
Description:	Student Account Payment
Student name:	
Confirmation Number:	
Authorization Code:	
Payment method:	XXXXXXXXXXXXXXXXXXXX1111

Card not pres

20. The payment receipt will appear. Print the receipt for your records.



21. It is recommended you set calendar reminders for the scheduled payments. If the payment is late, you will be charged a \$30 late fee and you run the risk of being dropped from your class(es).

College of DuPage

Sign in

to continue to Outlook

Email or phone

Can't access your account?

Sign in with a security key

Next

Log in using your full e-mail address. users@college.edu

22. Keep an eye on your student email! You will receive a payment reminder email three days before your scheduled payment.