



UNIVERSITY OF SOUTHERN MAINE

Student's Full Name:

Student's ID Number:

Check Payment Plan: Five Four Three

Check Month of Payment:

<input type="checkbox"/> August 15	<input type="checkbox"/> January 5
<input type="checkbox"/> September 15	<input type="checkbox"/> February 5
<input type="checkbox"/> October 15	<input type="checkbox"/> March 5
<input type="checkbox"/> November 15	<input type="checkbox"/> April 5
<input type="checkbox"/> December 15	<input type="checkbox"/> May 5

Amount Enclosed

\$ _____.

(Cut on this line)



UNIVERSITY OF SOUTHERN MAINE

Student's Full Name:

Student's ID Number:

Check Payment Plan: Five Four Three

Check Month of Payment:

<input type="checkbox"/> August 15	<input type="checkbox"/> January 5
<input type="checkbox"/> September 15	<input type="checkbox"/> February 5
<input type="checkbox"/> October 15	<input type="checkbox"/> March 5
<input type="checkbox"/> November 15	<input type="checkbox"/> April 5
<input type="checkbox"/> December 15	<input type="checkbox"/> May 5

Amount Enclosed

\$ _____.

(Cut on this line)



UNIVERSITY OF SOUTHERN MAINE

Student's Full Name:

Student's ID Number:

Check Payment Plan: Five Four Three

Check Month of Payment:

<input type="checkbox"/> August 15	<input type="checkbox"/> January 5
<input type="checkbox"/> September 15	<input type="checkbox"/> February 5
<input type="checkbox"/> October 15	<input type="checkbox"/> March 5
<input type="checkbox"/> November 15	<input type="checkbox"/> April 5
<input type="checkbox"/> December 15	<input type="checkbox"/> May 5

Amount Enclosed

\$ _____.