



**C**ollege of  
**M**enominee  
**N**ation

**COLLEGE OF MENOMINEE NATION  
BURSAR'S OFFICE  
PAYMENT PLAN/WAGE ASSIGNMENT**  
Note: Payment Plan / Wage Assignment will be  
charged a \$25.00 processing fee

**STEP 1:**

Student's Name (Print): \_\_\_\_\_ Student ID#: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Semester: \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer Year: 20\_\_\_\_\_

**STEP 2:** (Choose one)

\_\_\_\_\_ Payment plan \_\_\_\_\_ Wage assignment

**STEP 3:**

Amount of payment: \_\_\_\_\_ Payment frequency: \_\_\_\_\_  
Estimated balance: \_\_\_\_\_ Beginning date: \_\_\_\_\_

**STEP 4:**

For wage assignment only

Employer name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**STEP 5:**

I understand that this document represents the complete agreement for the repayment of amounts owed by me to the College of Menominee Nation. I agree to make the payments according to this schedule in the total amount agreed to and any other charges that I may incur while under this agreement. I understand that if I become delinquent in my payments, CMN will pursue legal action to enforce this agreement.

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Bursar

\_\_\_\_\_  
Date