



**FLIGHT TRANSFER / PAYMENT**  
One University Parkway, Unit 295, Romeoville, Illinois 60446  
Fax: 815-836-5566

STUDENT NAME \_\_\_\_\_

ID # \_\_\_\_\_

[ ] TRANSFER OF FUNDS TO FLIGHT ACCOUNT FROM STUDENT ACCOUNT

\$ \_\_\_\_\_

[ ] TRANSFER OF FUNDS FROM FLIGHT ACCOUNT TO STUDENT ACCOUNT

\$ \_\_\_\_\_

[ ] PAYMENT ON FLIGHT ACCOUNT

\$ \_\_\_\_\_

Student's signature below confirms that the account balance, financial aid, and registration are accurate with no additions or subtractions for the requested term. Student accepts full responsibility for payment of tuition and flight accounts (including collection costs). This form will not be processed if a credit balance does not exist.

STUDENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_