

Accessing Online Payment Option

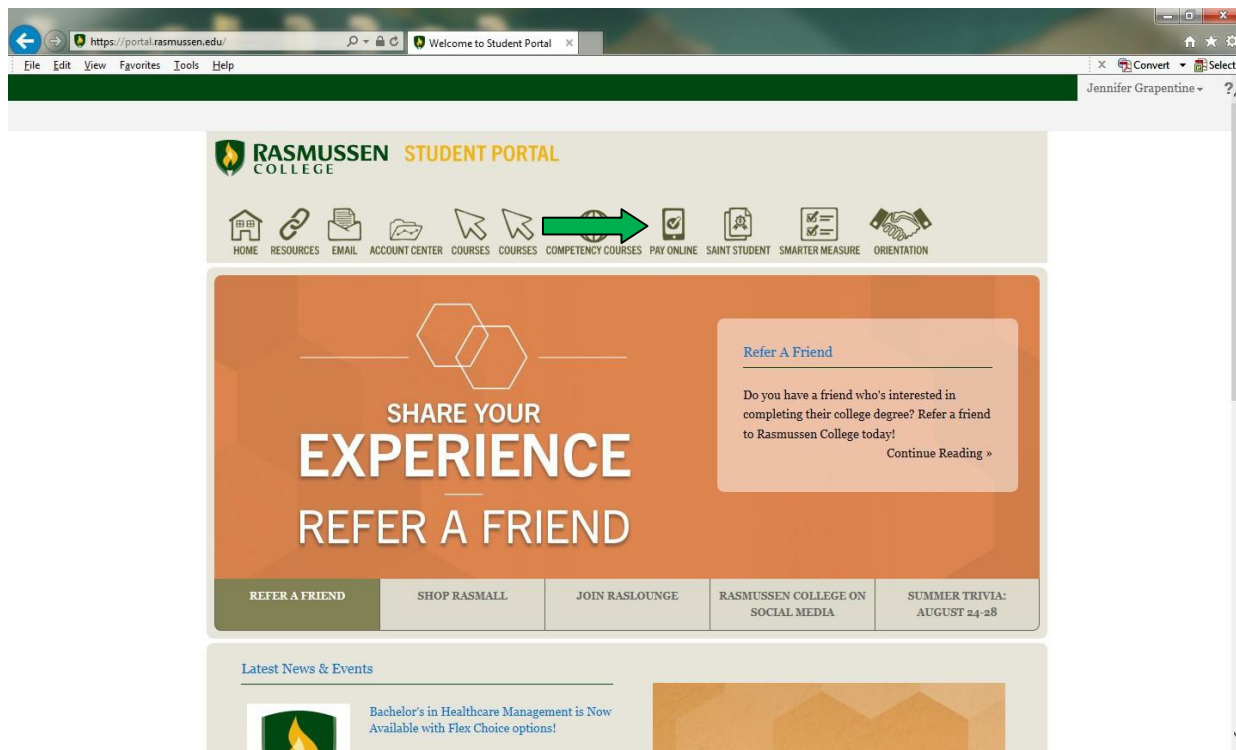
Most students appreciate the convenience and ease of using our secure online option to submit tuition and fee payments.

This tool allows you to schedule recurring payments on the dates you select or you may do a one-time payment from this site. You have the option to use your credit card, debit card, or apply funds directly from your checking or savings account.

Access the site through the student portal using your portal username and password

<http://www.rasmussen.edu/student-login/>

1. Select "Pay Online"



To complete your transaction or set-up future payments you'll need the account number and expiration date for your debit/credit card or the bank information from your checking or savings account found at the bottom of your printed checks.

2. A new window will pop up as shown below:
 - a. Complete all required fields
 - b. Enter in the amount you want to pay in the "Student Payment Plan"

Student Information
Please provide your information.

Last 4 Digits of SSN* Phone Number*
 First and Last Name* Alternate Phone Number
 Campus Name* Primary Email Address*
 Date of Birth*
 Address
 Address Line 2
 City*
 State
 Zip

Pay To

Pay To	Payment Amount
Student Payment Plan	\$ <input type="text"/>
Transcript Payment (\$5.00 per transcript)	\$ <input type="text"/>
Total: \$ 0.00	

****To ensure your transcript request is processed after you paid the fee, please complete the Transcript Request form located under the Career Center section at: www.rasmussen.edu. Please include the payment tracking number on the Transcript Request form.

3. Payment Method Options
a. Credit Card

Payment Method & Account Information
Please provide your payment type and payment account information.

Effective Payment Date: 9/2/2015
 E-mail Address*

Credit Card

DISCOVER
 Payment Amount: \$ 0.00
 Card Type*
 Account Number*
 Expiration Date*
 Name on Card*
 CID*

Billing Address
 Country*
 Address 1*
 Address 2
 Address 3
 City*
 State*
 Zip*

Checking Account (US Banks only)
 Savings Account (US Banks only)

***For questions or issues regarding your payment please contact 1-866-491-2203, or contact your campus directly.

* Required field

Type the characters you see in the image.

b. Checking

Payment Method & Account Information

Please provide your payment type and payment account information.

Effective Payment Date: 9/2/2015

E-mail Address*

Credit Card

Checking Account (US Banks only)

Routing / Transit Number	Account Number
<input type="text"/>	<input type="text"/>

Name on Account*

Payer Bank Name*

Payment Amount* \$ 0.00

Routing Number*

Account Number*

Re-enter Account Number*

Payer Bank Branch Location

Payer Bank Branch City

Payer Bank Branch State

Payer Bank Branch Zip

Checking Agreement* I agree.

TERMS AND CONDITIONS
Checking Account Information

The following form authorizes the institution to debit or credit your account. Please print a copy for your records. If you are uncertain about the correct account number, please contact your financial institution for clarification.

I agree.

Savings Account (US Banks only)

***For questions or issues regarding your payment please contact 1-866-491-2203, or contact your campus directly.

* Required field

c. Savings

Transcript Payment (\$5.00 per transcript)

Totals \$ 0.00

***To ensure your transcript request is processed after you paid the fee, please complete the Transcript Request form located under the Career Center section at: www.rasmussen.edu. Please include the payment tracking number on the Transcript Request form.

Payment Method & Account Information

Please provide your payment type and payment account information.

Effective Payment Date: 9/2/2015

E-mail Address*

Credit Card

Checking Account (US Banks only)

Savings Account (US Banks only)

Routing / Transit Number	Account Number
<input type="text"/>	<input type="text"/>

Name on Account*

Payer Bank Name*

Payment Amount* \$ 0.00

Routing Number*

Account Number*

Re-enter Account Number*

Payer Bank Branch Location

Payer Bank Branch City

Payer Bank Branch State

Payer Bank Branch Zip

Savings Agreement* I agree.

TERMS AND CONDITIONS
Savings Account Information

The following form authorizes the institution to debit or credit your account. Please print a copy for your records. If you are uncertain about the correct account number, please contact your financial institution for clarification.

I agree.

4. At the bottom of the screen, you will be required to type the characters you see in the image
 - a. Enter in the characters and click on submit
 - b. A receipt will be sent to the email address provided
5. For Technical Assistance, contact the Personal Support Center
 - a. 1-866-693-2211
 - b. help@personalsupportcenter.com