Student Financial Services

5151 State University Drive ADM 140, Los Angeles, CA 90032
Phone (323) 343-5357 Fax (323) 343-6542

PAYMENT CONTRACT REQUEST FORM

(Print) Last Name ______________ First Name ______________ CIN # ______________

Mailing Address ______________ City ______________ State ______ Zip code ______

Home Phone ______________ Cell Phone ______________ E-mail Address ______________

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Please check the QUARTER and indicate the ACADEMIC YEAR involved with this financial obligation.

QUARTER/SEMESTER:

□ Summer _______ □ Fall _______ □ Winter _______ □ Spring _______ □ other __________

PLEASE SELECT FROM THE FOLLOWING THE TYPE OF OBLIGATION OWED.

□ Financial Aid Overpayment

□ Tuition and Fees

□ Other: ____

Total amount of Financial Obligation: $ __________
Monthly payment amount requested: $ __________
Date I can make my first payment: __________

Your plan to resolve balance:

____

____

I understand that any Financial Aid/Educational Loans, Tuition and Fees refund or Franchise Tax refund will be applied to the amount still owed.

Students Signature ______________________ **Date** ______________

If my Payment Contract is approved: □ I would like to pick up my contract on ____________________

□ I would like to have my contract mailed to me.

>>>>>>>>>>>>>>>>>>>>>>>>>>>>- ***Office Use only*** ->>>>>>>>>>>>>>>>>>>>

□ Approved □ Denied □ Pending Information

First payment due:_____________ Monthly payment amount: $ ____________________

Authorized Signature: ________________________________ Date: ________________

(03/16)