CALIFORNIA STATE UNIVERSITY, LOS ANGELES

STUDENT FINANCIAL SERVICES

PAYMENT CONTRACT REQUEST FORM

(Print) Last Name ____________ First Name ____________ CIN ____________

Mailing Address ____________ City ____________ State ____ Zip ____

Home Phone ____________ Work Phone ____________ E-mail Address ____________

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

QUARTER:
☐ Summer ☐ Fall ☐ Winter ☐ Spring

ACADEMIC YEAR:
☐ 2008 ☐ 2009 ☐ 2010

PLEASE SELECT FROM THE FOLLOWING THE TYPE OF OBLIGATION OWED.

☐ Financial Aid Overpayment

☐ Registration Fees

☐ Other: ____

Total amount of Financial Obligation: $________________

Number of months needed to pay balance in full _________
Monthly payment amount requested $ ___________
Date I can make my first payment. ____________________

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.

Give a brief explanation of the circumstances surrounding this outstanding obligation…

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Students Signature ____________________ **Date** ____________________

>>>>>>>>>>>>>>>>>>>>>>*Do not complete below-Office Use only*>>>>>>>>>>>>>>>>>>>>>

☐ Approved ☐ Denied ☐ Pending Information

First payment due ___________ Monthly payment amount $_________

Authorized Signature ____________________________ Date _________________________

(12/03)