PAYMENT CONTRACT REQUEST FORM

(Please complete the following.

QUARTER:

☐ Summer  ☐ Fall  ☐ Winter  ☐ Spring  ☐ Other: ________________________________

ACADEMIC YEAR:

☐ Summer  ☐ Fall  ☐ Winter  ☐ Spring  ☐ Other: ________________________________

PLEASE SELECT FROM THE FOLLOWING 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.

_________________________  __________________________

Student 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.

Do not complete below – Office Use Only

☐ Approved  ☐ Denied  ☐ Pending Information

First payment due: ____________  Monthly payment amount: $ ____________________________

Authorized Signature: ____________________________  Date: ____________________________