



PAYMENT SELECTION FORM

For assistance, please call (503) 554-2295 or (503) 554-2298

Program/Major: \_\_\_\_\_

Please describe your payment intent so we can determine the best way to serve you. Please select ALL that apply.

- Semester by Semester - Choose this if you intend to pay on a semester basis. Payment is due prior to attendance.
Federal Financial Aid - Choose this if you intend to pay using federal student loans.
GFU Seminary - Choose this if you plan to participate in the Church University Fellowship Award Program.
Monthly Payments - Choose this if you would like to pay for each semester on a monthly basis. There is no interest charged on the deferred amount, and there is a \$35 per semester fee for deferring. However, if you do not make a scheduled monthly payment on time, your account will be subject to a Late Payment Fee calculated on the past due amount at an APR of 12% (1% per month).
Vocational Rehabilitation - Choose this if you have a Voc. Rehab. Voucher. (Vouchers are required.)
VA Benefits - Choose this if you have VA benefits. Chapter # \_\_\_\_\_.
Employer or Third Party - Choose this if an employer or another third is paying your bill directly to George Fox University. (Note: If they are paying less than 100% be sure to indicate above how you intend to pay the unpaid portion.) (Also note: for us to bill a third party, a privacy release of information [below] is required and additional signed documentation will be needed.) Do NOT select this if you will be paying out of pocket and then reimbursed directly by your employer.

Student Financial Services Release of Information

According to the Family Educational Rights and Privacy Act (FERPA), student financial information can be released only to those whom the student authorizes. The student may rescind authorization in writing or by submitting a subsequent release that omits prior authorized persons.

(Initial ONE, sign and date)

I hereby DO NOT give permission for Student Financial Services to release any of my information.

I hereby DO give my permission for the SFS Office to release my financial and academic schedule information to the following person(s).

Name Relationship Telephone
Name Relationship Telephone

STUDENT SIGNATURE DATE

Student Financial Services Responsibility Acknowledgement

(Initial ALL, sign and date)

- I understand that I am responsible for payment of all tuition, fees, and charges related to attendance.
I understand that all charges due must be paid-in-full, or be current with a payment plan, before I attend.
I also understand that I will be charged a Late Payment Fee equal to 12% APR (1% per month) on any past due balance, and if I must be sent to a collection agency, I will be responsible for any costs incurred, including collection and attorney fees.

STUDENT SIGNATURE DATE

Please return signed and completed form to: Student Financial Services Office or fax to: 503-554-3880.

Student Financial Services, 414 N. Meridian St. #6129, Newberg, OR 97132-2697, 503-538-8383 • 800-765-4369