



Student Name: _____

Student ID #: _____

Contact Phone #: _____

Graduate / ADP Payment Agreement

Program/Major: _____

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

- Federal Financial Aid.....** Payment using federal financial aid or student loans.
- Session by Session** Payment will be made prior to each course session start date.
- Monthly Payments.....** Payment for each semester on a monthly basis. There is a \$50 per-semester set up fee for this option. Standard late payment policy applies (see Responsibility Agreement). Accounts that become past due may forfeit this option and be reverted to "Session by Session". (Health insurance, parking charges, and special student fees cannot be included in the plan)

THIRD PARTY OPTIONS

- State Voc. Rehab** Vocational Rehabilitation voucher required for eligibility.
- VA Benefits.....** VA benefits eligibility required. Chapter # _____.
- Employer or Third Party..** An employer or third party is requesting to be billed directly by GFU. Do NOT select this if you will be paying and then will be reimbursed by your employer. If employer is paying less than 100 percent, indicate how you intend to pay the unpaid portion by checking one additional box above.
Contract
 Employer/Third Party Name: _____
 For us to bill a third party, a privacy release of information (below) is required **and additional signed documentation will be needed.**

Student Financial Services Release of Information

According to the Family Educational Rights and Privacy Act (FERPA), student financial information may be released only to those whom the student authorizes. Submitting a subsequent form supersedes the prior form. Include all authorized persons on each submission.

(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 _____

► SIGNATURE _____

DATE _____

Responsibility Agreement

I understand that I am responsible for payment of all costs associated with my enrollment and that failure to make payment will result in a one percent late payment fee calculated on the past due balance, 12 percent APR (1 percent per month) in addition to enrollment and transcript holds and restricted payment options. I also understand that if my account must be submitted to a collection agency, I am responsible for any costs incurred, including collection and attorney fees, which maybe as much as 100% of the debt submitted for collection. I also understand that I am responsible for understanding the financial policies set forth online at <http://www.georgefox.edu/offices/sfs/policies/charges-removal.html>.

► SIGNATURE _____

DATE _____

Please return signed and completed form to the Student Accounts Office:

Email: studentaccounts@georgefox.edu

Fax: 503-554-3880

Mail: George Fox Student Accounts, 414 N. Meridian St. #6129, Newberg, OR 97132-2697

Questions? Please call: 503-554-2301 or 800-765-4369