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". Monthly plans are limited to the cost of tuition.

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. 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: 503-554-1880
Mail: George Fox Student Accounts, 414 N. Meridian St. #6129, Newberg, OR 97132-2697

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