

For Office Use Only:

Student Administrative Services Signature/Date: \_\_\_

## Payment Plan Agreement

3225 West Foster Avenue, Box 9 Chicago, Illinois 60625-4895 www.northpark.edu (773) 244-5560 Telephone (773) 634-4051 Fax

	Date
Student Name	ID#
Balance of tuition account:	+ \$30/semester payment plan fee
Number of monthly payments:  Number of payments cannot exceed number of months remaining in the current	it term.
Monthly Payment Amount:  North Park University has the right to adjust the payment plan, should there be designed.	changes to your student account due to changes in your registration and/or financial aid.
Payments can be made online via Web Advisor, webadvisor.north	ıpark.edu.
I agree to the following terms and conditions:	
• Payments are due on the 1st of the month.	
The balance of the plan must be paid in full prior to the end of the	e term.
<ul> <li>An additional fee of \$25 and a business office hold will be assessed payments, underpayments, etc.</li> </ul>	on payments not made according to the agreement, such as late
• The payment plan will be cancelled if two consecutive payments ar	re not made.
I will remain on a payment plan for the remainder of this academic	c year.
<ul> <li>North Park University has the right to adjust the payment plan sho registration, financial aid eligibility, etc. The University will regular</li> </ul>	
<ul> <li>The institution shall have the right to withhold academic records, i accept registration for future terms until this account is paid in full.</li> </ul>	including transcripts, certifications and diplomas, and may refuse to
<ul> <li>In the event of default, the institution shall have the right to employ debt. I acknowledge that I will be responsible for any collection fee of this account.</li> </ul>	by a collection agency and/or any other legal means to collect the es, including court costs, incurred by the University in the collection
• If there are any circumstances that may prevent me from complying Student Administrative Services, 773-244-5560.	g with this agreement, I will promptly inform North Park University,
To be completed by the student:	
•	
Name:	Student Phone Number:
Address to where the monthly statements should be sent:	
*Be advised that all other correspondence regarding this payment plan v	will be sent electronically to your Vikings email address.
I certify that I have read, fully understand and agree with the contents of t	this agreement, and do hereby affix my signature attesting to this fact.
Signature:	Date:
Please return completed paymen Student Administrative Services, 3225 60625; by fax to (773)-634-4051; or by ema	W. Foster Ave, Box 9, Chicago, IL,

Term: \_