Lives of Significance and Service

NORTH PARK UNIVERSITY CHICAGO

Payment Plan Agreement

3225 West Foster Avenue, Box 9
Chicago, Illinois 60625-4895
www.northpark.edu
(773) 244-5560 Telephone
(773) 634-6560 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 term.

Monthly Payment Amount: _____

North Park University has the right to adjust the payment plan, should there be changes to your student account due to changes in your registration and/or financial aid.

Payments can be made online via Web Advisor, webadvisor.northpark.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 term.
- An additional fee of $25 and a business office hold will be assessed on payments not made according to the agreement, such as late payments, underpayments, etc.
- The payment plan will be cancelled if two consecutive payments are not made.
- I will remain on a payment plan for the remainder of this academic year.
- North Park University has the right to adjust the payment plan should there be changes to my student account due to changes with my registration, financial aid eligibility, etc. The University will regularly review my account to ensure the accuracy of my payment plan.
- The institution shall have the right to withhold academic records, including transcripts, certifications and diplomas, and may refuse to accept registration for future terms until this account is paid in full.
- In the event of default, the institution shall have the right to employ a collection agency and/or any other legal means to collect the debt. I acknowledge that I will be responsible for any collection fees, including court costs, incurred by the University in the collection of this account.
- If there are any circumstances that may prevent me from complying with this agreement, I will promptly inform North Park University, Student Administrative Services, 773-244-5560.

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 will be sent electronically to your Vikings email address.

I certify that I have read, fully understand and agree with the contents of this agreement, and do hereby affix my signature attesting to this fact.

Signature: _____ Date: _____

Please return completed payment plan agreements by mail to:
Student Administrative Services, 3225 W. Foster Ave, Box 9, Chicago, IL, 60625;
by fax to (773)-634-6560; or by email to studentaccounts@northpark.edu

For Office Use Only:
Student Administrative Services Signature/Date: _____ Term: _____