

Pacific University
Business Office
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Forest Grove OR 97116

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www.pacificu.edu/offices/bo/

STUDENT CONTRACT*

OFFICE USE ONLY

Name _____
Last First Middle
Billing address _____
City _____ State/Zip _____ Country _____
Billing phone (____) _____ SS# _____

Program _____
Student ID _____
RECEIVED
Date _____
Time _____

* This contract authorization will be in effect, unless superseded by an addendum, or until you have fulfilled your financial obligations at Pacific University.

Authorization for Information of Student Account

This information will only be used by the Business Office.

The Family Education Rights and Privacy Act of 1974 (FERPA) guidelines protect your right to privacy as a student. We can release information about your student account only to people who you designate in writing. Please list below any and all persons we may release information to about your student account (this can be a parent, sibling, spouse, guardian, etc.)

Name _____ Relationship _____
Name _____ Relationship _____

Tuition Payment Options

CHOOSE ONE | The University offers three payment options for each semester you are enrolled and billed. You can choose either option, there is an annual setup fee of \$55 for choosing the monthly plan.

- SEMESTER plan option allows you to pay each semester in full before the semester begins.
Summer May 15
Fall/Winter..... August 15
Spring..... January 15

If your financial aid package pays your entire balance, please indicate semester plan.

- MONTHLY plan option allows you to pay each semester in 4 payments with Fall payment beginning August 15 and Spring beginning December 15.
Summer..... April 30, May 15, June 15, and July 15
Fall/Winter..... August 15, September 15, October 15, and November 15
Spring..... December 15; January 15, February 15, and March 15

ONLINE PAYMENTS | Visit epay.pacificu.edu – This is the place to manage your student account activity. Here you can view your bills, make payments, and set up an authorized user (or users.)

I understand that with any choice of plans that if I do not make my scheduled payment by the due dates listed above I will be assessed a late fee of \$50 for each month I am late. I further understand that I will need to have all financial aid paperwork, including but not limited to, promissory notes and scholarship checks completed and credited to my student account before the due date or I will be assessed the late fee. **If I sign up for the payment plan after the semester has begun; I will make up all of the back payments that I missed.**

NOTE | If no plan is chosen, you will automatically be set up on the semester plan.

Certification



Each person who signs below agrees to the following: I certify that I have supplied complete and correct information. I understand that any change in my status or eligibility must be reported to the Business Office immediately. I hereby affirm responsibility for payment of all University related expenses and charges, including all attorney's fees and other costs and charges necessary to the collection of any amount not paid when due, and that I will comply with regulations regarding fees, expenses and refunds as outlined in the current Pacific University catalog. The University reserves the right to deny access to class, to withhold transcript of record or diploma, or to withhold registration for a subsequent term until all university charges and appropriate loans have been paid and the student's account has been cleared. Accounts past due will be charged a \$50 late fee for each month the account is delinquent unless the student has made arrangements with the Business Office. I understand and agree that, in the event of default, my account will be assigned to a collection agency for collection and that collection agency fees up to 35 percent of the combined total of principal, interest and late fees will be added, and that I will owe those fees in addition to the other amounts due. I understand that in the event of default by any of the named parties, the debt will remain the joint and several responsibility of each person signing below until it is paid in full.

Signature _____ Date _____



NOTICE OF NONDISCRIMINATION POLICY It is the policy of Pacific University not to discriminate on the basis of sex, physical or mental disability, race, color, national origin, sexual orientation, age, religious preference or disabled veteran or Vietnam Era status in admission and access to, or treatment in employment, educational programs or activities as required by Title IX of the Education Amendments of 1972, section 504 of the Rehabilitation Act of 1973, Title VII of the Civil Rights Act of 1964, the Age Discrimination Act, the Americans with Disabilities Act of 1990, or any other classification protected under state or federal law, or city ordinance. Questions or complaints may be directed to the Vice President of Academic Affairs or Provost, 2043 College Way, Forest Grove, Oregon 97116, 503-352-6151.

STUDENT: PLEASE KEEP YELLOW COPY FOR YOUR RECORDS AND RETURN ORIGINAL TO BUSINESS OFFICE. THANK YOU.