

Berea College
Offices of Student Financial Aid Services and Student Accounts
Student / Parent Payment Agreement Form

Student Name: _____ **Student ID:** _____

Term: _____ **Student account balance:** _____

*Please include estimate of \$350 for books

Fall – Nov1st

Spring – April 1st

The above referenced student account will be paid according to the following agreement:

Payroll Deduction Percentage	
Payment Amount -	Payment Date -
Payment Amount -	Payment Date -
Payment Amount -	Payment Date -
Payment Amount -	Payment Date -
Payment Amount -	Payment Date -
NOTES	

Students should monitor their accounts regularly through my.berea.edu to ensure timely payment. Failure to honor the above agreement, by **advance registration in November for Fall Term or April for Spring Term**, will result in a hold on registration for future terms.

Student Signature

Date

Parent Name and Signature

Date

Daytime Phone # _____

Fax # _____

Mail payments to: Student Accounts, CPO 2126, Berea KY, 40404
 For debit or credit card payments please call (859)-985-3094

Approved by _____