Application (2011-2012)

I wish to use the SU Prepayment Plan to budget expenses for the full (or half) academic year. I have read the terms and conditions found elsewhere in this brochure, and I understand and agree to those terms. I further understand that participation in this program does not relieve me of the obligation to pay the full amount due to the university on the billing due date.

— Please type or print the following information —

Name of payer_____ Telephone number_____
Last First MI

_____
Street City State Zip

Student name_____ Total amount to budget (Line 3 of worksheet) $_____
Last First MI

Number of payments *(check one)* ☐ 8 (two semesters) ☐ 4 (one semester)

Application fee enclosed *(check one)* ☐ $30.00 (two semesters) ☐ $15.00 (one semester)

_____ _____
Signature of payer *Date*

By signing this agreement, the student authorizes Shippensburg University to release and discuss the financial information pertaining to the student's account with the payer.

_____ _____
Signature of student *Date*

_____ Please mail payment vouchers to address above ____ Please e-mail payment vouchers to _____
(E-mail address)