



WESTERN MICHIGAN UNIVERSITY

Accounts Receivable Payment Agreement

Date: WIN #: Telephone Number:

Name:

Address:

Address:

City, State, Zip:

As a condition for allowing registration for the _____ Semester, I agree to pay the University according to the schedule outlined below:

I agree to pay the balance due on the student account by the first day of class for the semester. I understand if I do not make the payment by this date, unless a financial aid award is pending or, I have signed up to make scheduled payments through the University Payment Plan, my classes may be dropped and under no circumstances will be I allowed to re-register for these dropped classes. I understand that if I have signed up for the payment plan and I do not follow the schedule of payments; my classes may be dropped. I agree and understand that should I register for any other semester, without an agreement, specific to that semester, those classes may be dropped.

initial
here I authorize payment of current semester charges on my Western Michigan University account with funds from my **current** federal financial aid. This includes tuition, fees, university housing charges, meal plan charges, health center charges, telecommunication charges, library fines, parking permits, and any other current semester charges on my account at the time my federal aid is disbursed. I understand Federal regulations state that the University cannot **withhold more than \$200.00** from my current financial aid that I owe from a **prior semester aid year**. Any remaining charges still outstanding on my account **must be paid by me** by the first day of class due date.

By signing below, I do hereby agree to the terms of this agreement and understand that if I do not pay the total amount according to the outlined schedule, any remaining delinquent balance may be placed for Third Party Collection. **Collection costs** will be added to the account, and the delinquency may appear on my credit report.

NO ADVANCE NOTIFICATION OF DROPPING OF COURSES WILL BE SENT, HOWEVER, A LETTER OF NOTIFICATION WILL BE SENT THAT YOU HAVE BEEN DROPPERD.

Person Responsible for Financial Obligation:

Date:

Mail to: Western Michigan University or Fax to: 269-387-4227
Attn: Collections Manager
Accounts Receivable
Kalamazoo, MI 49008-5210

Accounts Receivable Use Only

Michelle Moriarty:
Collections Manager

Date: