



## Initial Enrollment Spartan Payment Plan Fall Semester

By completing this form, you are requesting that Student Financial Services enroll you/your student in the Spartan Payment Plan listed below. **Only semester plans are available for enrollment by mail.** A payment plan setup fee of \$30.00 will be added to the student account. If you are making payment by mail, please enclose the setup fee and first payment (if due) with this form. Otherwise, payments can be made through the Student Account Center once you are enrolled in the payment plan. You will be notified by email when this enrollment request has been processed.

Student Name and ID Number: \_\_\_\_\_

**Payer Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

**Semester Balance due:** \_\_\_\_\_

**Spartan Payment Plan:**      Fall 6                  Fall 5                  Fall 4  
(please circle one)      (June-Nov)      (July-Nov)      (Aug-Nov)

**Amount due (per month):** \_\_\_\_\_      **Setup fee:** \_\_\_\_\_ **\$30.00**  
(semester balance divided by number of payments)

**Amount enclosed:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

**This payment plan will end with the November 1<sup>st</sup> payment. You must submit the Renewal Enrollment form by November 30<sup>th</sup> to be enrolled in a spring payment plan.**

On behalf of the above named student, I hereby agree to pay the balance as stated on or before the due date specified for each installment. I understand that a late fee of \$30.00 will be assessed for each installment payment that is late. I also understand that failure to meet the terms of this agreement may entitle Manchester University to 1) declare the full balance plus late fees immediately due and payable by law, 2) refuse subsequent registration for any classes and/or drop current classes 3) deny future enrollment in a payment plan and 4) withhold grades, diplomas, or transcripts from being released until the unpaid balance, as well as attorney fees, legal expenses and/or other collection costs are paid in full.

**Signature:** \_\_\_\_\_      **Date:** \_\_\_\_\_

Please mail this form to:  
Manchester University  
ATTN: SFS  
604 E. College Ave.  
North Manchester, IN 46962

Questions or concerns:  
Phone: 260-982-5066  
Email: sfs@manchester.edu

Enrollment processed by: \_\_\_\_\_      Date: \_\_\_\_\_