

**Please complete this form if you were previously enrolled by mail in a fall payment plan.** By completing this form, you are requesting that Student Financial Services enroll you/your student in the Spartan Payment Plan listed below. A payment plan renewal fee of \$15.00 will be added to the student account. If you are making payment by mail, please enclose the renewal 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.

Payer Information:			
Name:			
Address:			
City:		State:	Zip code:
Email Address:		Daytime Phone Number:	
Semester Balance due:			
Spartan Payment Plan: (please circle one)	Spring 5 (Dec-April)	Spring 4 (Jan-April)	
Amount due (per month):		Renewal fee:	\$15.00
(semester balance divided by nu			
Amount enclosed:			
Notes:			
On babalf of the above named a	tudant I harahy agrae ta n	ay the balance as stated on or hef	pre the due date specified for each installment.

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