

Enrollment Spartan Payment Plan Spring Semester Only

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 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 Nur	mber:				
Payer Information:					
Name:					
Address:					
City:		State:	Zip code:		
Email Address:		Daytime Phone N	Daytime Phone Number:		
Semester Balance due:					
Spartan Payment Plan: (please circle one)	Spring 5 (Dec-April)	Spring 4 (Jan-April)			
Amount due (per month)	:	Setup fee:	\$30.00		
(semester balance divided by nu			•		
Amount enclosed:					
Notes:					
understand that a late fee of \$30 of this agreement may entitle M subsequent registration for any	0.00 will be assessed for lanchester University to classes and/or drop curi	r each installment payment that is 1) declare the full balance plus lat rent classes 3) deny future enrollm	pefore the due date specified for each instalate. I also understand that failure to meet efees immediately due and payable by lawent in a payment plan and 4) withhold graces, legal expenses and/or other collection	the terms , 2) refuse des,	
Signature:			Date:		
Please mail this form to: Manchester University ATTN: SFS 604 E. College Ave. North Manchester, IN 46962		Phone	Questions or concerns: Phone: 260-982-5066 Email: sfs@manchester.edu		

Date:

Enrollment processed by: