Berea College

Offices of Student Financial Aid Services and Student Accounts

Student / Parent Payment Agreement Form

Student Name:_____ **Student ID:** _____

Term: _____ **Student Account Balance:** _____

*Please include estimate of $350 for books.

☐ Fall – Nov 1st ☐ Spring – Apr 1st

The above referenced student account will be paid according to the following agreement:

Payroll Deduction Percentage	
Payment Amount -	Payment Date -
Payment Amount -	Payment Date -
Payment Amount -	Payment Date -
Payment Amount -	Payment Date -
Payment Amount -	Payment Date -
NOTES	

Students should monitor their accounts regularly through my.berea.edu to ensure timely payment. Failure to honor the above agreement, by **advance registration in November for Fall Term or April for Spring Term**, will result in a hold on registration for future terms.

_____ _____
Student Signature Date

_____ _____
Parent Name and Signature Date
Daytime Phone # _____
Fax # _____

Mail payments to: Student Accounts, CPO 2126, Berea KY, 40404
For Credit Card Payments please call (859)-985-3094

☐ Approved by _____