

Berea College
Offices of Student Financial Aid Services and Student Accounts
Student / Parent Payment Agreement Form

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

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

Fall – Nov 1st

Spring – Apr 1st

***Please include estimate of \$350 for books.**

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
 Daytime Phone # _____
 Fax # _____

 Date

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



Approved by _____