

Student Services, Titan Hall Ste 1117  
 eipconnect@fullerton.edu  
 PO Box 6870  
 Fullerton, CA 92834-6870

**INSTALLMENT PAYMENT PLAN  
 APPLICATION/AGREEMENT  
 Fall 2020**

CWID Number \_\_\_\_\_

**Deadline to sign-up for the payment plan is September 8, 2020**

The CSU makes every effort to keep student costs to a minimum. Fees listed in published schedules or student accounts may need to be increased when public funding is inadequate. Therefore, CSU must reserve the right, even after fees are initially charged or initial fee payments are made, to increase or modify any listed fees. All listed fees, other than mandatory systemwide fees, are subject to change without notice, until the date when instruction for a particular semester or quarter has begun. All CSU listed fees should be regarded as **estimates** that are subject to change upon approval by The Board of Trustees, the Chancellor, or the Presidents, as appropriate. Changes in mandatory systemwide fees will be made in accordance with the requirements of the Working Families Student Fee Transparency and Accountability Act (Sections 66028 – 66028.6 of the Education Code).

I, the undersigned student, promise to pay to California State University Fullerton the first, second, and third payments on or before the due dates noted below. If I fail to pay any installment in full by the due date, I understand that I will be subject to the following:

1. I may be disenrolled from all classes;
2. I will have all applications for future educational loans denied;
3. All services from the University, including provision of academic transcripts, denied;
4. My loan referred to a collection agency;
5. My delinquency reported to a credit bureau, and;
6. Interception of my future state tax refunds.

Further, I agree to pay interest at the rate of 10% per annum on any delinquent amount. I also consent to the release of information concerning any delinquent amount to other persons or entities reasonably necessary to aid the University or its agents and contractors in the payment of the delinquency. I agree to pay reasonable collection costs, including attorney's fees and court costs, incurred in collecting any amount not paid when due. I authorize deduction by the University from any financial aid awarded to me of any delinquent amount of the educational loan due from me to the University.

If I add more units, I agree to pay any additional fees by the appropriate due date. I acknowledge that the processing fee of \$30.00 is **nonrefundable**. I understand that should I withdraw either partially or entirely from this University I am required to pay all fees as agreed to in this agreement. A refund may be issued if regulations allow.

1st Payment	1/3 Tuition Fee + Campus Fees (when applicable) + \$30.00 Processing Fee	due on or before 5 PM on August 14, 2020
2nd Payment	1/3 Tuition Fee + Campus Fees (when applicable)	due on or before 5 PM on September 14, 2020
3rd Payment	1/3 Tuition Fee + Campus Fees (when applicable)	due on or before 5 PM on October 14, 2020

**Student Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Birth Date \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

E-mail Address \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_

If my check is returned for any reason, I will no longer be on the Tuition Installment Payment Plan and my fees will be unpaid and due immediately. A \$25.00 late fee will be assessed for any payment not received on the due date, regardless of pending financial aid disbursement. Obligor waives the benefit of any limitations affecting liability or the enforcement thereof to the extent permitted by law. By signing below, I manifest my agreement to all of the provisions of this promissory note.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

NOTE: The following parental information is required if the student is under 18 years of age ONLY

Parent's Name \_\_\_\_\_ Parent's Signature \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Social Security # \_\_\_\_\_