



Payment Plan Agreement

Term/Year:

Date:

Name:

Student ID:

Tuition/Fees:	
Payment Plan Fee:	
Total Balance:	

Due Date	Description	Amount
	Payment Plan Fee	
	Installment 1st	
	Installment 2nd	
	Installment 3rd	
	Total:	

The payment terms of the agreement are as follows:

Installment payments are to be received (not postmarked) no later than the due date indicated above. Credit card information is not saved for future credit card payments.

Please initiate your payment every month by the due date.

Installment payments will be accepted in the form of credit card, cash or check:

Pay online at my.uws.edu

Call 503-847-2553 to make payment over the phone

Send check to University of Western States, Attention: Business Office

Future interest accrual will be suspended as long as all payments are received according to the payment schedule. In the event of late payment, a full month's interest at 18% per annum (1.5% per month) will be assessed on the past due portion of the balance on the last business day of the month.

In the event of default on any installment, account may be submitted to a collection agency. In the event the balance is sent to a collection agency, additional fees will be assessed by the agency and I understand that such fees will become my financial responsibility.

I, _____, agree to the above stated payment terms and promise to pay the University of Western States the balance of my student account indicated on this form by its stated due dates. I understand that any payment not received by the due date, for any reason, will constitute default.

Signature (Student Name)