

# STUDENT CONFIRMATION AND PAYMENT AGREEMENT

## 1. Personal Information

<b>Semester:</b> <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <b>Year:</b>	<b>Name:</b>	<b>Student ID#:</b>	
	<b>Permanent Mailing Address:</b>	<b>Phone #:</b>	
		<b>E-mail:</b>	
<b>License Plate #</b>	<b>State</b>	<b>Vehicle Make/Model</b>	<b>Color</b>

## 2. Student Health Insurance

- I choose to **waive** health insurance offered by MSU-Northern, I have health insurance from another provider in effect for the duration of this semester.
- I choose to **retain** the health insurance offered by MSU-Northern.

All students registered for 6 or more credits are required to have health insurance. A health policy is offered through MSU-Northern and the premium for this program will automatically be assessed to students with 6 or more credits unless waived with this form. Waivers will not be accepted after the 15th day of instruction. Coverage is optional for students registered for 4-6 credits. Students taking 3 or fewer credits must petition to purchase desired coverage.

## 3. Method of Payment

<input type="checkbox"/> <b>Cash or Check</b>	<input type="checkbox"/> <b>Financial Aid</b>
<input type="checkbox"/> <b>Credit Card</b> (Visa/MasterCard accepted. Visit Business Services, Cowan Hall 207 or call 406.265.3733)	
<input type="checkbox"/> <b>Third Party Billing</b> Program: _____	

### Installments

I request that MSU-Northern allow me to defer a portion of my tuition/fees and student account charges. I understand that, in doing so, I am entering into an educational loan with MSU-Northern that is non-dischargeable under Section 523(a)(8) of the U.S. Bankruptcy Code. I agree to all the terms and conditions of this contract. My signature will signify my consent to and acceptance of these terms and conditions and also authorize MSU-Northern to use my social security number for internal and external credit reporting and collection purposes for all charges incurred against my account for the duration of my enrollment at MSU-Northern. If this account is referred to a collection agency, I will be responsible for the reimbursement of the fees of any collection agency up to 40%, which may be based on a percentage of the debt, and all costs and expenses, including reasonable attorney's fees that the University should incur in such collection efforts. I authorize MSU-Northern, and their respective agents and contractors to contact me regarding my student loan(s), student account or any balance owed to MSU-Northern including repayment of my loan and student account, at the current or any future number either provided or acquired for my cellular phone or other wireless devices using an automated telephone dialing equipment or artificial or prerecorded voice or text messages. I understand that any funds that become available, *including but not limited to:* payroll checks, Financial Aid, and book buy-back refunds, will first be applied to my account balance regardless of the due date. I agree that a service charge of \$30 will be applied to all installment contracts each semester, and that every late payment may be assessed a \$15 late charge. Other penalties for non-payment include denial of registration and transcripts, denial of future installment contracts, referral to a collection agency, attachment of state and federal income tax refunds, and reporting to a credit bureau. I understand that in order to register for the upcoming semester(s) my account balance must be \$200 or less. In the event that I withdraw or leave school for any reason, refunds will be applied to the outstanding balance, and any remaining balance remains due and payable. WE RECOMMEND YOU KEEP A COPY OF THIS FORM. **MSU-Northern reserves the right to decline any installment loan application.**

Installment Payment Schedule:	
Payment	Due
Initial Installment	Friday before classes begin
Second Installment	30 days
Third Installment	60 days
Final Installment	90 days

### References:

<b>Parent/ Relative:</b>	Name:	Address	Telephone#
<b>Person who will always know your address:</b>	Name:	Address	Telephone#
<b>Employer:</b>	Name:	Address	Telephone#

## 4. Signature Required

I will be attending MSU-Northern for the current semester. I have read and agree to the terms of this document. Please apply my Aid/Third Party billing/ Enclosed Payment to my charges.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_