

Student Accounts 2100 16th Ave S Great Falls, MT 59405

(406) 771-5129 • (406) 771-4315

Fax: (406) 771-5117 <u>www.gfcmsu.edu</u>

PAYMENT PLAN AGREEMENT

DATE:	_ID#:	_ TELEPHONE:
STUDENT NAME:		
Student Address:	Cit	y, ST Zip
The above named student, on this date, agrees to make payments as stated below until the total outstanding student debt amount of \$\ is paid in full. Great Falls College MSU requires that the balance be paid in full in accordance \(\frac{\text{with this payment}}{agreement prior to the release of a transcript and diploma or a hold for future registration and/or the ability to add or drop a class (es). It is the responsibility of the student to notify Great Falls College MSU Student Services Office of any change of address or telephone number. If you are under 18 at the time you sign this form, you must provide a guarantor.		
If the agreed upon amount is not paid in accordance with this contract, the above named individual understands that this account plus any subsequent charges may be turned over to a commercial collection agency. If collection is required the above named individual agrees to pay all additional costs of collection, including but not limited to collection agency fees and attorney fees. It is also agreed that if this account is turned over for collection Great Falls College MSU will no longer allow payment agreements with above named student. The College may withhold all academic transcripts, diplomas, and block all registration capabilities until the balance of the student account is paid. At such time that this payment agreement has been fulfilled the accounts receivable hold will be removed from the students account.		
may disclose the facts concert In case of bankruptcy the above	ning the default along with all other pe re named individual understands tha	ction agency for collection, Great Falls College MSU ertinent information to credit bureau organizations. t Great Falls College MSU will treat any unpaid on and the balance will not be dischargeable.
Allpaymentsmustbesentto	Student Accounts 2100 16thAvenue South Great Falls, MT 59405	
Signature of Student		Date
Signature of Business Services Representative		Date / Term
Payment agreement amount:		Date: