



2016-2017 Payment Plan Agreement

Name

Student ID

ESTIMATED CHARGES	Fall 2016	Spring 2017	TOTAL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTALS			

AWARDS	Fall 2016	Spring 2017	Total
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**2016-2017 Estimated Charges and Award
Summary**

Total Estimated Charges

Total Student Aid

Your Financial Responsibility*

\$

***Without PLUS**

** New students may have an additional Orientation fee not listed above. Additional course fees, such as lab fees, are not included. Actual loan amounts paid are less federal loan origination fees: 1.068% for Federal Direct Student Loan, 4.272% for Federal PLUS Loans



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PAYMENT OPTIONS:

Please Choose One

_____ **Option 1:** I will pay the full balance due above by **August 1** for Fall semester and **January 2** for Spring.

_____ **Option 2:** I will pay the balance due in 10 equal monthly payments of \$ _____ due on the 20th of each month beginning in July with the final payment for the academic year due in April.

_____ **Option 3:** My financial aid will cover my balance.

_____ **Option 4:** I am unsure but will submit this form by August 20th 2016.

TERMS and CONDITIONS

- Lourdes reserves the right to forward past due accounts to a collection agency. I agree to pay all collection costs, including attorney's fees, if I fail to pay this debt prior to the end of the academic year.
- Any past due balance will prevent registration for the future semester(s) and may be cause for removal from student housing and meal plan access.
- If the full monthly payment is not received by the due date, a late fee of \$25 may be assessed for that month.

I have read and agree to the above terms and conditions. I understand any changes to the above estimates may require adjusting the monthly payment amount.

Student Name (Print)

Student Signature

Student ID#

Date

Parent or Guardian signature (if dependent)

Lourdes Representative

Submit this worksheet to Lourdes Student Accounts Office
6832 Convent Blvd. Sylvania, Ohio 43560

For questions, please contact
Phone: 419-824-3727
Email: studentaccounts@lourdes.edu