

NIAGARA UNIVERSITY'S PAYMENT PLAN APPLICATION

(This application will allow you to make monthly installments on your balance due)

STUDENT INFORMATION:

NAME: Last First MI Student Number Student's Social Sec. No.

PERMANENT ADDRESS: Number and Street City, State Zip

FINANCIALLY RESPONSIBLE PERSON'S INFORMATION:

(If same as above, this section is not required)

PAYERS NAME: Last First MI Relationship to Student

PERMANENT ADDRESS: Number and Street City, State Zip

Home Phone Number

Social Security Number

Date of Birth

Driver's License Number

Place of Employment

Work Phone No.

I understand that by submitting the following application to Niagara University that I am in knowledge of and will adhere to the following:

Niagara University reserves the rights to review all applications, and approve or deny based upon previous payment record and information provided on the application. No applications will be processed on any student with an outstanding balance from a previous semester.

Upon receipt of application, Niagara University will charge the student account a nonrefundable fee of twenty-five dollars per semester for participation in this Niagara University Payment Plan. This fee entitles the financially responsible individual to a 20 percent down payment and four monthly installments per semester.

The responsible person agrees to pay the debt/debts incurred and charged on the student's account throughout a semester although you may not personally receive any property and/or services. You may be sued for payment, and become responsible for any collection/legal costs, although the person who receives or has received the property and/or service is able to pay.

I understand that I will be responsible for a 2% late fee on any installment that is not received by the respective due date. If, as the financially responsible person, I fail to submit two or more payments on time, Niagara University reserves the right to cancel this contract, thus, causing the entire semesters balance to become due immediately.

SIGNATURE OF RESPONSIBLE PARTY _____ **DATE** _____