

The following contract serves two purposes. First, this contract allows for payment of your account balance at LRSC-GFafb in two (2) monthly installments. Second, if anticipated financial aid is expected to cover 100% of your account balance, this contract serves as a request for payment deferment. If you have an approved third party governmental entity authorization on file in the Administrative Affairs providing for 100% payment of your account balance, you will not be required to complete this contract (e.g. - TA recipients). **This contract cannot be used if any unpaid prior account balance exists.**

Please note that the Payment Plan is subject to a \$25.00 fee.

After you have enrolled in classes, charges will be posted to your account. Please complete the following items and mail the contract and the first payment by _____ to:

Lake Region State College
Administrative Affairs
1801 N. College Drive
Devils Lake, ND 58301-1598

Lake Region State College GFafb
319 MSS/DPE
Tuskegee Airmen Blvd
Grand Forks AFB, ND 58205-6336

| | | | | |
|----|---|--------------|----|---|
| 1) | Account Balance (Tuition and Fees for term) This amount can be found via the LRSC website (www.lrsc.edu) by using the following navigation: MY LRSC>Campus Connection>Sign In>Student Self Service>Finances>Account Inquiry >Charges Due | | \$ | |
| 2) | Financial Aid Anticipated through LRSC (Grants, waivers, scholarships and loans only). If no aid was requested, enter "N/A" on this line. | minus | - | |
| 3) | Remaining Account Balance (Enter \$0 if less than \$0) If \$0, skip to student name and address information and submit the form. The contract will serve as a deferment and no fee will be charged. | | = | |
| 4) | Monthly Payment Amount (Line #3 divided by two) <i>NOTE:</i> First monthly payment is due on or before Last monthly payment is due on or before The Monthly Payment must be recalculated if additions or deletions are posted to your account after you have submitted this form. | | \$ | |
| 5) | Payment Plan Enrollment Fee (must be remitted with form) | | + | \$25.00 |
| 6) | Payment Due By | | | Payment Amount - (Add Line 4 + Line 5) |
| | | | \$ | |

A late fee of 1.75% per month will be applied to account balances for payments 30 days past due.

Payments can be made by cash, check, e-check, credit card, debit card or wire transfer. You may also pay online at the following navigation:
www.lrsc.edu>MY LRSC>Campus Connection>Sign In>Student Self Service> Finances>Pay Online Now

I will adjust my remaining payments if changes in anticipated Financial Aid and other Account Balance changes (usually caused by class drops or adds) occur. I understand that a Transcript Hold will be placed on my account if my payment is late. My contract may be terminated for late payments and cause the entire amount to be due.

| STUDENT NAME AND ADDRESS INFORMATION | | | |
|---|-------------|--------------|--------------------|
| STUDENT NAME (LAST, FIRST, INITIAL) – PLEASE PRINT | | | STUDENT ID# |
| STREET ADDRESS | CITY | STATE | ZIP |
| EMAIL ADDRESS | | | |
| STUDENT SIGNATURE | | | DATE |