

LAKE REGION STATE COLLEGE MONTHLY PAYMENT PLAN / DEFERMENT REQUEST

The following contract serves two purposes. First, this contract allows for payment of your account balance at LRSC in four (4) 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. You will receive a monthly account statement showing the total amount of your balance. This contract cannot be used if any unpaid prior account balance exists.

	S	,	nnot be used if any unpaid prior account ee. If you have any questions, call (701) 6) 662	2-1504.
Please complete the following items and mail the contract and the first payment by						
rieas	Lake Region Sta Administrative 1801 N. College Devils Lake, ND	ate College Affairs e Drive	ind the first payment by		to:	•
1)	Account Balance (Tuition and Fees for semester) 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				+	
	Estimated Bookstore Charges				+	
2)	Financial Aid Anticipated through LRSC (Grants, waivers, scholarships and loans only). If no aid was requested, enter "N/A" on this line. Signature of Financial Aid Director:				-	
3)	Remaining Account Balance (Negative number indicates excess financial aid) If \$0 or less, fill out student name and address information and submit the form. The contract will serve as a deferment and no fee will be charged.				=	
4)	4) Monthly Payment Amount (Line #3 divided by)				+	
5)	Payment Plan Enrollment Fee (must be remitted with form)				+	\$30.00
6)	Payment Due By		Payment Amount - (Add Line 4 + Line	e 5)	=	
A late fee of 1.75% per month will be applied to account balances for payments 30 days past due. Remaining payments (amount listed on Line 4) are due by the following dates: (Amount due is 1/4 of your remaining account balance) (Amount due is 1/4 of your remaining account balance) (Amount due is your remaining account balance)						
I will	www.lr adjust my remaining plds) occur. I understar	rsc.edu>MY LRSC>Campus Conne payments if changes in anticipated	debit card or wire transfer. You may also ction>Sign In>Student Self Service> Finar d Financial Aid and other Account Balance claced on my account if my payment is later	changes (usual	Nov ly cau	vused by class drops
		ADDRESS INFORMATION				
STUDENT NAME (LAST, FIRST, INITIAL) – PLEASE PRINT STUDENT ID#						
STREET ADDRESS			Сіту	STATE	Z IP	
Ем	AIL ADDRESS	<u>l</u>				
STUDENT SIGNATURE DATE						

This payment plan is only for the current semester. Future semesters need a separate payment plan agreement.