

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.

Plea	se note that the Paym	ent Plan is subject to a \$25.00 fe	ee. If you have any questions, call (701) 6	62-1567 or (701) 662	2-1504.
Please complete the following items and mail the contract and the first payment by						:
	Lake Region Sta Administrative 1801 N. College Devils Lake, ND	Affairs e Drive				
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)	(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 four)				+	
5)	Payment Plan Enro	ollment Fee (must be remitted	d with form)		+	\$25.00
6)	Payment Due By		Payment Amount - (Add Line 4 + Line	2 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 1/3 of your remaining account balance) (Amount due is 1/3 of your remaining account balance) (Amount due is your remaining account balance)						
Payr			debit card or wire transfer. You may also ection>Sign In>Student Self Service> Finar			
or a	dds) occur. I understa		ed Financial Aid and other Account Balance placed on my account if my payment is late		-	
STUDENT NAME AND ADDRESS INFORMATION						
STUDENT NAME (LAST, FIRST, INITIAL) – PLEASE PRINT STUDENT ID#						
STREET ADDRESS			Сіту	STATE	ZIP	
EMAIL ADDRESS						
STUDENT SIGNATURE DATE						

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