

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_  
TELEPHONE/MOBILE \_\_\_\_\_ ANDREWS UNIVERSITY ID NUMBER \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
ADDRESS \_\_\_\_\_

ANDREWS UNIVERSITY ACCOUNT BALANCE IS \$ \_\_\_\_\_ AS OF \_\_\_\_\_ (DATE)

**SECTION 1—PAYMENT ARRANGEMENTS**

PAYMENT AMOUNT \$ \_\_\_\_\_/month, subject to approval.

PAYMENT DATE \_\_\_\_\_/month, subject to approval.

- PAYMENT METHOD
- US check or money order (mailed to the SFS address below)
  - e-Check (US checking or savings account, free on TouchNet® - [www.andrews.edu/sfs](http://www.andrews.edu/sfs))
  - Credit card (also through TouchNet®, 2.85% convenience fee applies)
  - Wire (through Flywire - [www.flywire.com](http://www.flywire.com))



If you have selected an online payment method, you will need to re-activate your Andrews University password. Go to <https://vault.andrews.edu/vault/goto/home> and click on "Username Activation".

**SECTION 2—RIGHTS & RESPONSIBILITY**

By my signature, I verify that all the information supplied on this form is correct. I agree to prompt payment when due, (25<sup>th</sup> of each month, unless otherwise agreed) including any extended due date(s). I understand that a 1% monthly carrying charge will be added on my unpaid balance and will be automatically reversed with this signed contract and regular monthly payments as agreed. Interest will accrue if payments are missed and my account may be sent outside the University for more aggressive collection efforts. If the University incurs any expenses while collecting my debt, including reasonable attorney and/or collection agency fees, I explicitly agree to be responsible for those collection expenses in addition to my unpaid balance. If I am unable to keep my commitment and new arrangements need to be made, I will contact the Collections Department at the Office of Student Financial Services. I understand that I will not receive my transcripts or diploma until my debt is paid in full. The parties agree that signatures received by e-signature, pdf, or facsimile will have the same legal effect as original signatures.

STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

COLLECTIONS MGR APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_

Mail to: Andrews University  
Office of Student Financial Services-Collections  
4150 Administration Drive  
Berrien Springs, MI 49104-0750

Fax to: 269.471.3228  
Phone: 269.471.3593  
Web: [www.andrews.edu/sfs](http://www.andrews.edu/sfs)  
Email: [collections@andrews.edu](mailto:collections@andrews.edu)