

Andrews University
Student Financial Services Exit Information Sheet

Name		ID#	
Phone		Email	
Driver's License/State		Soc. Sec. No.	
Address-Street		City	
State - Zip			

Please call me to discuss my account. The best time to call would be _____

Is the above address: Temporary or Permanent?

If temporary, how long will this address be good? _____

- I plan to return next semester. Please indicate your plans to clear your balance before registration by filling out page two.
 I am currently unemployed. My plans for employment are as follows:

I am employed. Employers name _____

Address _____

Phone _____ Can we contact you at work? Yes No

Applicable Parental Information

Father's name		Mother's name	
Street		Street	
City		City	
State-Zip		State-Zip	
Phone		Phone	
E-mail		Email	
Employer		Employer	

Applicable Spouse Information

Name		ID#	
Address, if different		City	
Phone		State-Zip	
Employer		Email	

Reference Information

Name		Name	
Address		Address	
Phone		Phone	
Relationship		Relationship	

My Proposed Payment Plan (please check one)

<input type="checkbox"/>	I can start my payments immediately. Enclosed is my first payment.
<input type="checkbox"/>	Please send me information about a pre-approved bank loan financed through Shoreline Bank at an interest rate of prime plus two percent, guaranteed through Andrews University.
<input type="checkbox"/>	I have previously made arrangements and would like to continue. This arrangement is:
<input type="checkbox"/>	I have not yet made arrangements and would like to propose the following:

Preferred Method of Payment (please check one)

<input type="checkbox"/>	I would like to make my payments by check or money order in accordance with my payment schedule.
<input type="checkbox"/>	I would like my payments to be made for me automatically every month by credit or debit card. Authorization for this will be mailed to you.
<input type="checkbox"/>	I would like to make my payments every month through electronic funds transfer from my checking or savings account. Authorization for this will be mailed to you.

Comments	
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Please read carefully and sign:

This is only a proposal for payment and will need to be approved. Once a payment schedule is approved, a payment agreement form will be sent to you. Only when the payment agreement form is signed and received by Student Financial Services, does your payment schedule go into effect. All payment schedule information is shared with the Credit Bureau and payment information is updated monthly. Without a payment schedule, the full balance on your account is due and payable immediately. If it becomes necessary to send your account to a third party collector, you will be responsible for collection costs which is 25-50% of your student account balance. If you have any questions, please contact the collections office by calling 269-471-3593, or by emailing them to kelli@andrews.edu.

By my signature, I verify that all the information supplied on this form is correct.

Student's signature

Date

Student Financial Services-Collections
Berrien Springs, MI 49104-0750
269-471-3593 Fax: 269-471-3228
kelli@andrews.edu

EXIT
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