

COLLECTIONS EXIT INFORMATION SHEET

STUDENT'S NAME _____ ANDREWS UNIVERSITY ID NUMBER _____
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER _____ TELEPHONE/MOBILE _____
STUDENT'S EMAIL ADDRESS _____ DRIVER'S LIC. #/STATE ____/_____
MAILING ADDRESS _____

STUDENT INFORMATION

- Is the above address: Temporary Permanent? If temporary, how long will this address be good? _____
- Please call me to discuss my account. The best time to call would be _____
- 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.
- Employer's name _____ Phone _____
- Address _____ Can we contact you at work? Yes No

REFERENCE INFORMATION

DO NOT SKIP. This information is required. (i.e. parent, spouse, friend, pastor, etc.)

Name _____	Name _____
Street _____	Street _____
City _____	City _____
State-Zip _____	State-Zip _____
Phone _____	Phone _____
Relationship _____	Relationship _____
Name _____	Name _____
Street _____	Street _____
City _____	City _____
State-Zip _____	State-Zip _____
Phone _____	Phone _____
Relationship _____	Relationship _____

Please turn over and complete side two.

PROPOSED PAYMENT PLAN

- I can start my payments immediately. Enclosed is my first payment.
- I have made arrangements earlier and would like to continue. This arrangement is:

- I have not yet made arrangements and would like to propose the following:

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)
- Credit card** (also through TouchNet®, 2.75% convenience fee applies)
- Wire** (through flywire by Peer Transfer - www.peertransfer.com)
- Cash or check at SFS Cashier window.** We are currently unable to accept credit card payments over the phone or in person.

COMMENTS

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 2-50% of your student account balance. If you have any questions, please contact the Collections office at 269-471-3593 or at collections@andrews.edu.

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

SIGNATURE _____

DATE _____

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

Fax to: 269.471.3228
Phone: 269.471.3593
Web: www.andrews.edu/sfs
Email: collections@andrews.edu