



EASTERN OREGON  
UNIVERSITY

## Payment Arrangement Form

You will need to commit to a payment arrangement if you are unable to pay your account in full by the last day of the term in which the charges were incurred. The extension of credit, and provision of services may be withheld from any student with a past due balance.

We encourage you to set your minimum monthly payment to an amount that you will be able to pay each and every month. In setting your payment amount, please be aware that your account will continue to accrue interest at rate of 1% per month. We suggest payments of 20% of your balance or more if it fits into your budget. You always have the option of making greater payments or paying your balance in full at any time. Your account must be paid in full before you will be allowed to register.

Payments must reach the Student Accounts Office by the last day of every month.

Failure to make consistent monthly payments will result in your account being referred to an outside collection agency. It is imperative that you contact the Cashier at 541- 962-3590 if you unable to make a payment that will reach our office by the last day of the month so that we can make other arrangements with you.

Please fill in your contact information below:

*Please print clearly*

Name: \_\_\_\_\_  
First MI Last

Student ID: \_\_\_\_\_  
(SSN or assigned ID)

Mailing Address: \_\_\_\_\_  
Street, Apartment Number, P. O. Box

\_\_\_\_\_  
City State ZIP

\_\_\_\_\_  
E-mail (a confirmation will be sent to this e-mail address) Daytime Telephone Number

I agree to make consistent monthly payments in the amount of \$\_\_\_\_\_ (US Dollars) beginning \_\_\_\_\_(mm/yy). If I am unable to make a scheduled payment, I will contact the cashier at 541-962-3590 or [cashier@eou.edu](mailto:cashier@eou.edu). I understand that if I skip a payment without calling the cashier, I will be charged a \$25 in-house collection fee and my account may be referred to an outside collection agency.

If you agree to the terms of this arrangement and have completed the form, please sign and date below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date