

## PAYMENT AGREEMENT

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Address: \_\_\_\_\_

City/State Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby acknowledge I owe a debt to Florida State College at Jacksonville in the amount of  
\$ \_\_\_\_\_. To resolve this debt, I agree to make an initial payment of  
\$ \_\_\_\_\_ with the unpaid balance to be paid as follows.

Payment Amount \$ \_\_\_\_\_ per  Weekly  Monthly

My first scheduled payment will be due on \_\_\_\_\_.

*Amounts owed to the College by a student will generate a financial hold on the student's record. A financial hold will prevent a student from registering for a subsequent term and from receiving transcripts. I understand the debt must be paid in full before the financial hold is lifted. I further understand my outstanding balance will be referred to a collection agency if I fail to abide by the arrangements of this agreement as stated above. I will contact the Student Financial Services Office if changes are necessary.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Send forms to any Student Financial Service Campus/Center or email us at [StudentFinancialServices@FSCJ.edu](mailto:StudentFinancialServices@FSCJ.edu)  
Additional Questions: Call (904) 646-2300**

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### Student Financial Services Use Only

Print Name of Person Authorized to Sign: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Add Service indicator:  DNC (End date is end of the month of the payment agreement)

Payment Schedule Audited By: \_\_\_\_\_

Date Paid In Full: \_\_\_\_\_ Date Referred To Collection: \_\_\_\_\_