

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
Additional Questions: Call (904) 646-2300**

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: _____