University Housing Services

PAYMENT PLAN AGREEMENT REQUEST

NAME: ____________________________  SAC STATE ID#: __________________

HALL: _______  ROOM #: _______  PHONE #: _____________________

I am requesting a payment plan arrangement for the following installment(s):

☐ AUGUST  ☐ SEPTEMBER  ☐ OCTOBER  ☐ NOVEMBER
☐ JANUARY  ☐ FEBRUARY  ☐ MARCH  ☐ APRIL
☐ SUMMER SESSION #1  ☐ SUMMER SESSION #2

Reason: Complete explanation statement at end of this document and attach all supporting verification as necessary.

Acknowledgements:  Please read and initial each acknowledgement.

☐ I am responsible for making installment payments according to this agreement if approved and any applicable late fees.
☐ I am aware that University registration and transcript holds, will be on my account until account is paid up-to-date.
☐ If request is denied, I am aware that I am responsible to make payment according to the published payment schedule unless otherwise specified.

Student Signature: ____________________________  Date: __________

Balance Due:$ ______________  (Payment Source: i.e. Loan, Job, etc.)

Payment Date: __________  Amount: _______  Payment Source _______________________
Payment Date: __________  Amount: _______  Payment Source _______________________
Payment Date: __________  Amount: _______  Payment Source _______________________
Payment Date: __________  Amount: _______  Payment Source _______________________
Payment Date: __________  Amount: _______  Payment Source _______________________
Payment Date: __________  Amount: _______  Payment Source _______________________

For Office Use Only:

Approved: ____  Denied: ____  Pending ____  Staff Initials___________

Notes:

Page 1 of 2