



CSULB INSTALLMENT PAYMENT PLAN AGREEMENT STATE UNIVERSITY FEES

APPLICANT NAME: _____

CAMPUS ID#: _____

FULL TIME ____ PART TIME ____ UNDERGRAD ____ (CHECK ONE) GRAD ____ CREDENTIAL ____ DOCTORATE ____ (CHECK ONE)

In accepting this **INSTALLMENT PAYMENT PLAN AGREEMENT**, I certify that I have been classified by CSULB as a resident of California. If my residency status is revoked for any reason, I agree to pay any resulting increase in fees. I further certify that I am an admitted student for the current semester, and have not previously submitted payment for the current semester. I understand that the University, by approving this agreement, does not guarantee my enrollment in any classes. **I understand and agree to all of the following terms for the current semester**

- Once your Plan is setup; Changes to your academic load may affect the amount of your payments. For up to date information on payment amounts and due dates please refer to your account at [http:// My.CSULB.edu](http://My.CSULB.edu). From the main menu go to Finances and Aid then click on Total Due Charges.

_____ I understand that if I increase my class load, the resulting fee increase may not necessarily be distributed in my payment plan and I agree to pay the resulting fee increase by the indicated on my account at <http:// my.csulb.edu>

PAYMENT METHODS: The initial payment if made in-person at the University Cashier's Office, BH -148, can be Cash, Check or Debit (NO credit cards accepted). If utilizing the mail in payment or drop box for the initial payment, payment must be made with a check, accompanied by a signed, installment contract. Payments thereafter can be made by credit cards at <https:// my.csulb.edu> or you may mail check payments to CSULB, 1250 Bellflower Blvd. MS 0103 Long Beach, CA. 90840-0103. Payments may also be made in person at the University Cashier's Office, BH -148.

DELINQUENT PAYMENT PENALTIES: If any installment payment is not received by the payment due date, all services, including but not limited to registration, provision of grades, transcripts, and graduation, will be withheld. If any payment is not received by the payment date, **I agree to pay a \$10.00 missed deadline fee per occurrence and my payment will be counted as delinquent.** I authorize CSULB to pursue collection activities to collect any past due amounts, including referral of my account to a collection agency and to a credit bureau organization, and to the release of information concerning the past due amount when necessary to collect the delinquent balance I agree to pay reasonable collection costs including court costs and attorneys' fees.

REFUND POLICY: If I officially withdraw from CSULB as published in the Schedule of Classes, I will receive a refund of applicable fees in accordance with refund deadlines and amounts as published in the Schedule of Classes.

THE \$33.00 INSTALLMENT PAYMENT PLAN PROCESSING FEE IS NON-REFUNDABLE.

FINANCIAL AID: If Financial Aid is awarded subsequent to the signing of this contract, I agree to continue to make installment payments on or before the dates on the payment schedule, until Financial Aid funds are disbursed. I understand that any Financial Aid disbursement will first be applied to my installment plan. I understand that an award of Financial Aid does not cancel my installment plan payment obligation.

BY SIGNING BELOW I ACCEPT THIS INSTALLMENT PAYMENT PLAN AGREEMENT AND AGREE TO ALL OF THE FOREGOING PROVISIONS.

Signature of Participant: _____ Date: _____

Address: _____

E-mail address : _____ Phone # : _____

Authorized Staff Signature: _____ Date: _____

THIS CONTRACT IS NOT VALID WITHOUT AUTHORIZED STAFF SIGNATURE.