Lincoln Christian
UNIVERSITY

Financial Responsibility Contract

OFFICE OF THE VICE-PRESIDENT OF FINANCE
2013-14 SCHOOL YEAR

It is hereby agreed between Lincoln Christian University and_____that the

(Student)

Balance of tuition and fees due to Lincoln Christian University for 2013-14 school year shall be paid in full in accordance with the payment plan selected below. ***I understand and agree this is a loan made for educational purposes at a non–profit institution of higher education; therefore this loan is non-dischargeable in bankruptcy***. I understand if I fail to make payments as scheduled this account may be referred to a collection agency at the discretion of the University. I also understand that all fees and costs of collection will be borne by me in the event collection action becomes necessary. I agree to pay all reasonable court costs and attorney's fees, which may be associated with collecting this debt. I authorize Lincoln Christian University to communicate with collection and credit reporting agencies and other similar services for the purposes of obtaining from and furnishing to such agencies appropriate information about me in connection with making payment, and the collection of this educational loan. Furthermore, I consent to such communication and waive any privacy rights I have in the above-described information.

*I consent to leaving any extra funds caused by federal, state, institutional, and private financial aid on my account until I request a refund from the accounting office. Notwithstanding this permission, the college must refund credit balances created by federal funds to the student by the end of the loan period (if loan funds) or the end of the semester for that school year.

In the event of a late payment a $25.00 late payment fee will be applied to the students account.

_____ _____
STUDENT SIGNATURE DRIVERS LIC. NUMBER

_____

_____ _____
STUDENT ADDRESS BIRTHDATE

1. Total tuition, room & board, and service charges ……..……_____
2. Total Scholarships, Grants, and Loans……...…….……..…..……(_____)
3. Total Due Lincoln Christian University (line 1 – line 2)……..…..……_____

Check one item below if line 3 above is greater than $0 (this form MUST be returned even if line 3 is $0):

____ Payment in Full by Loans and/or Grants (Aug. 1 – Fall: Jan. 2 – Spring)

____ I have enclosed check # _____ for the amount of line 3 above.

____ LCU Payment Plan (Return LCU Payment Agreement with this Note)

____ Please charge my credit card for the amount in line 3. I have filled out the information below.

Credit Card Authorization

Card Number _____ Expiration Date _____
3 digit V Code _____

M/C [ ] Visa [ ] Discover [ ] Cardholder's Signature: _____