



Administrative Services

8295 E College Dr • Palmer AK 99645

Payment Plan Promissory Note

SEMESTER: Spring Summer Fall 20\_\_

Student ID# \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_
Last First MI

Driver's License #: \_\_\_\_\_

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

SSN: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Previous Name(s): \_\_\_\_\_

Email: \_\_\_\_\_

Employment Information

Most Recent Employer: \_\_\_\_\_

Position: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Please fill out Spouse or Parent. If not available, please provide a third reference.

Spouse Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

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

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

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Current Phone: \_\_\_\_\_

Current Phone: \_\_\_\_\_

Please fill out BOTH References

Reference Name: \_\_\_\_\_

Reference Name: \_\_\_\_\_

Current Phone: \_\_\_\_\_

Current Phone: \_\_\_\_\_

Account Balance and Payment Schedule

Total Account Balance: \$ \_\_\_\_\_

Table with 3 columns: Payment Amount, Scheduled payment date, Please indicate if you would like a reminder (Email, Phone, None)

Student Initials: \_\_\_\_\_



### Payment Plan Promissory Note

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Name: \_\_\_\_\_

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

I authorize UAA/MSC to make whatever inquiries it deems necessary in connection with the review of information concerning my ability to make payments. I understand that any tuition and fees charged to a payment plan for the current semester are my responsibility. If I default on a payment plan or my financial aid fails to pay, I will be responsible for the total amount due. I understand that if I default on this plan I may be sent to a collection agency and agree to reimburse UAA/MSC the fees of any collection agency, which may be based on a percentage at a maximum of 40% of the debt, and all costs and expenses, including reasonable attorney's fee that we incur in such collection efforts. Past due debt may be reported to a local credit bureau.

\_\_\_\_\_ Student Initials

I recognize this as a debt that must be repaid. I agree to pay the amount of the debt stated on the front of this note in installment payments on or before the due dates specified for each installment. I understand that installments may change over time to account for any new charges, payments or financial aid adjustments. \_\_\_\_\_ Student Initials

I understand that a hold may be placed on my account restricting my ability to register for classes anywhere in the University of Alaska system and will remain on the account until the balance is paid in full. \_\_\_\_\_ Student Initials

I understand that the University may garnish my Permanent Fund Dividend under Alaska Statutes 14.40.251 and 43.23.190, regardless of payment plan status. \_\_\_\_\_ Student Initials

I agree to the payment plan installments as outlined within this Promissory Note.

Student Signature: \_\_\_\_\_

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

Email signed scanned copy to [msc.campus.cache@alaska.edu](mailto:msc.campus.cache@alaska.edu)

Or

Submit signed paper document to Mat-Su College Campus Cache JKB 109 or mail to:  
Mat-Su College Campus Cache  
8295 E College Dr  
Palmer AK 99645

Questions? Please contact the Mat-Su College Campus Cache at 907-745-9739