

Please return completed and signed contract  
to the Office of Student Accounts



**2017-2018**  
**EASTERN NAZARENE COLLEGE**  
**STUDENT ACCOUNT PAYMENT CONTRACT**  
Please complete in ink

**Name:** \_\_\_\_\_ **Soc. Sec. #(for tax purposes):** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Campus ID#:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Tel:** \_\_\_\_\_ **Cell Tel:** \_\_\_\_\_

**Personal Email :** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Local Address (if living off campus):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Parent/Guardian Information (\*Include Mother's address information if different than Father.)**

**Father:** \_\_\_\_\_ **Mother:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **\*Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **\*City:** \_\_\_\_\_ **\*State:** \_\_\_\_\_ **\*Zip:** \_\_\_\_\_

**Home Tel:** \_\_\_\_\_ **\*Home Tel:** \_\_\_\_\_

**Cell Tel:** \_\_\_\_\_ **Cell Tel:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

The Eastern Nazarene College (ENC) Payment Contract and Worksheet serves as both the application and the promissory note for all tuition and fee payments due ENC and is valid until all charges due are paid in full. These charges are the obligation of the student and parent/guardian. Remaining balances after all financial arrangements are applied are due and payable at registration and will accrue interest at an annual rate of 15%. It is further understood that the undersigned will be responsible for all attorney's fees and other costs and charges necessary for collection of any amount not paid when due, as credit has been extended by ENC for financing the undersigned student's education and is considered an education loan.

ENC requires that all students who enroll in classes complete, sign, and return the Payment Contract.

*Failure to complete and turn in the Payment Contract may result in the student being withdrawn from classes.*

**Signatures are required. Payment Contracts *without* signatures will delay registration clearance.**

\_\_\_\_\_  
Student \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian (Not necessary if 18 or over) \_\_\_\_\_ Date \_\_\_\_\_

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

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

Campus ID#: \_\_\_\_\_