

JARVIS CHRISTIAN COLLEGE

BUSINESS OFFICE

P O Box 1470

Hawkins, TX 75765-1470

(903) 730-4890



PAYMENT PLAN INFORMATION & FORMS PACKET

FINANCIAL INFORMATION RELEASE FORM

The undersigned hereby authorizes the release of information regarding my student account, including balances, payments, credits and refund, to the individual(s) listed below. This authorization will remain in effect until I specifically request a change to the names listed below, or until such time as I graduate from Jarvis Christian College, or until I have failed to enroll at Jarvis Christian College for two (2) consecutive years, whichever ever occurs first.

Student Name _____ Date _____
(Please Print)

Name of person(s) authorized to have access to my financial records:

Name: _____ Relationship _____

Name: _____ Relationship _____

You are encouraged to use the web to check your balances throughout the semester. You are also encouraged to check your Jarvis email. All communications and correspondences will be done directly through these methods provided to you by Jarvis Christian College.

Any mailings done will be mailed to the address on file for you in the Registrar's Office.

If you have a change of address, please make those changes in the registrar's office. These changes will be updated and noted in all departments.

Signature

Date



PAYMENT PLAN APPLICATION

Please Print

Date _____

Current Balance to Date _____

Student's Name _____

Address _____

City _____ St _____ Zip Code _____

Email Address _____

Domority _____ Room _____ Cell Phone _____

Parent(s) Name _____ Cell Phone _____

Parent's Email Address _____

Signature

Date



PAYMENT PLAN AGREEMENT

I agree to pay Jarvis Christian college the balance (\$ _____) owed on my account through the proposed payment schedule agreed upon between myself and Jarvis Christian College. I, _____ further agree to all terms stated in the payment plan.

- ❖ I understand that if any installment payments are not paid on or before the agreed upon date, my account becomes delinquent.
- ❖ If my account becomes delinquent I can automatically be denied access to all classes, dining hall services, and dormitory accommodations.

If I do not make satisfactory payments to bring my account current within the grace period allotted, I can be immediately ADMINISTRATIVELY WITHDRAWN from my classes.

- ❖ I understand that once I am withdrawn from my classes I cannot register any semester thereafter until balance is paid in full.
- ❖ I further understand that after a 90 day delinquency, the account will be referred to collections for non-payment.

Because there is a balance on your account there is a "HOLD" denying you to receive grades and unofficial or official transcript)

I have read and understanding all terms of this agreement.

Printed Name _____

Signature _____

Date _____



Who Needs A Payment Plan?

If a student's Financial Aid does not cover 100% of his/her tuition and fees by the 12th day of classes – the student will need to make arrangements to set up a Payment Plan.

A student who has not completed required financial aid paperwork is considered as a cash paying students and must adhere to the Payment Plan setup.

Payment Plan Setup

\$50.00 Service Charge (This is not deducted from the total amount due)

PAYMENT METHODS

- ❖ Online – Jarvis Website - www.jarvis.edu
- ❖ Payments can be made at the Cashier's Window (cash, check, or credit card). All check/money order are to be made payable to Jarvis Christian College.
- ❖ Mail Payments:

Jarvis Christian College
Business Office
P.O. Box 1470
Hawkins, TX 75765

To ensure proper credit to your account, please included student's name and school ID number on all communications.



Student's Name: _____ ID _____

Total Amount Due: _____

	Amount Due	Date Due
1 st Payment	_____	_____
2 nd Payment	_____	_____
3 rd Payment	_____	_____
4 th Payment	_____	_____
5 th Payment	_____	_____

I understand that if any installment payment is not paid on or before the agreed upon date, my account becomes delinquent. _____

I can be administratively withdrawn, thus be denied access to all classes, dining hall services, and dormitory accommodations. _____

I understand that once I am administratively withdrawn from my classes. I cannot register for any semester thereafter until my balance is paid in full. _____

I further understand that after a 90-day delinquency, my account will be referred to a collections agency for non-payment of account, and I will be responsible for any additional cost incurred, including collection fees. _____

Student's Signature

Date

Department of Fiscal Affairs Representative

Date