



Boise State University
 Account Maintenance
 1910 University Drive, A 209
 Boise, Idaho 83725-1247
 Telephone (208) 426-2134

G.I. BILL Payment Agreement

Please mark each applicable item

- Housing STL NSF Other
 Fees I-Pay

Name:	Student ID:	Social Security:
Address:		
Home Phone:	Semester:	Estimated Disbursement Date:

Amount Due \$	NO Processing fee	Total Due \$
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As these charges are my financial responsibility, I acknowledge that this is an opportunity that BSU is extending to assist me until my GI Bill disburses. Initials _____.

I understand that this payment agreement will stop the aging of my student account until the disbursement of my GI Bill funds. Initials _____.

I understand that I am responsible for the payment of any fees not covered by my GI Bill disbursement and my account will start aging at that time. Initials _____.

In the event of nonpayment, we will refer your account to a collection agency. A negative report reflecting on your credit record may be submitted by that collection agency. If you default on your payment(s), the total amount you owe may become due immediately. You will be required to pay all collection and/or legal fees incurred in the process of collection the outstanding debt you owe.

I understand the above stated terms and realize this is a legal and binding contract and agree to pay the outstanding amount owed.

Student Signature: _____ Date: _____

Authorized Signature: _____ Date: _____