

# Millersville University of Pennsylvania

## Office of Student Accounts

Payment Arrangement

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

Student M#: \_\_\_\_\_

Balance ~~due~~ begin on \_\_\_\_\_, 20\_\_\_\_

and is due on the \_\_\_\_\_ of every month until the balance is paid.

I hereby agree to this payment agreement schedule for charges incurred at Millersville University until my account balance is paid in full. My failure to make payments without notice to the Office of Student Accounts at Millersville University may result in further collection action. Millersville University will have full discretion for unpaid accounts and will take necessary action to collect any unpaid balances.

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

\_\_\_\_\_  
Date

Mailing address: Millersville University Attn: OSA PO Box 1002 Millersville PA 17551