

**Millersville University of Pennsylvania**  
**Office of Student Accounts**  
Payment Agreement

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

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

I would like to authorize the following email address as a third-party to my student account, granting access to the payment platform [www.millersville.edu/pay](http://www.millersville.edu/pay) to allow for electronic payments and management of my student account.

**Authorized Third Party Email:** \_\_\_\_\_

Use the chart below to distinguish the tier of your current balance and terms of the payment agreement. **Payment is due immediately upon receipt of agreement.** Electronic payments can be processed online via SAM, or with cash or check.

Tier 1:	Balance of \$0 - \$300	3 Month Payment Agreement
Tier 2:	Balance of \$301 - \$600	6 Month Payment Agreement
Tier 3:	Balance of \$601 - \$900	9 Month Payment Agreement
Tier 4:	Balance of \$901 - \$1,200	12 Month Payment Agreement
Tier 5:**	Balance of \$1,201+	13+ Month Payment Agreement

**\*\*This tier requires a minimum payment of \$100.**

**Current Balance:** \$ \_\_\_\_\_

**Monthly Payment amount:** \$ \_\_\_\_\_ starting \_\_\_\_\_ (month), 20\_\_\_\_ and is due on the \_\_\_\_\_ of every month until the balance is paid in full.

I hereby agree to this payment 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. This agreement is invalid for accounts that have been assigned to a third-party collection agency. Holds will be maintained on accounts until the balance is paid in full.

**By checking the box, I acknowledge that in order for the repayment agreement to be valid, I must make a payment towards my outstanding balance prior to submitting the signed agreement to Millersville University.**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Email form to: [osa@millersville.edu](mailto:osa@millersville.edu)

Mailing Address: Millersville University Attn: OSA ; PO BOX ; Millersville PA 17551