

Millersville University of Pennsylvania
Office of Student Accounts
Payment Arrangement

Student Name: _____

Student M#: _____

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

Authorized Third Party Email (optional): _____

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.

Monthly payment amount: \$ _____ starting

(month) _____, 20__

and is due on the _____ of every month until the balance is paid in full.

Student Signature

Date

Email form to: osa@millersville.edu

Mailing Address: Millersville University Attn: OSA ; PO Box 1002 ; Millersville PA 17551