Please return **original** sheet to the Office of Student Accounts
by July 15 either by mail or in person. **NO FAX COPIES**.

2014-2015
EASTERN NAZARENE COLLEGE
STUDENT ACCOUNT PAYMENT CONTRACT

Please complete in ink

Name: _____ **Soc. Sec. #:** _____

Home Address: _____ **Campus ID#:** _____

City: _____ **State:** _____ **Zip:** _____

Home Tel: _____ **Cell Tel:** _____

Personal Email: _____ **Birth Date:** _____

Local Address (if living off campus): _____

City: _____ **State:** _____ **Zip:** _____

Parent/Guardian Information (*Include Mother's address information if different than Father.)

Father: _____ **Mother:** _____

Home Address: _____ ***Home Address:** _____

City: _____ **State:** _____ **Zip:** _____ ***City:** _____ ***State:** _____ ***Zip:** _____

Home Tel: _____ ***Home Tel:** _____

Cell #: _____ **Cell #:** _____

Work Tel: _____ **Work Tel:** _____

Email Address: _____ **Email Address:** _____

The Eastern Nazarene College (ENC) Payment Contract and Worksheet serves as both the application and the promissory note for all tuition and fee payments due ENC and is valid until all charges due are paid in full. These charges are the obligation of the student and parent/guardian. Remaining balances after all financial arrangements are applied are due and payable at registration and will accrue interest at an annual rate of 15%. It is further understood that the undersigned will be responsible for all attorney's fees and other costs and charges necessary for collection of any amount not paid when due, as credit has been extended by ENC for financing the undersigned student's education and is considered an education loan. ENC requires that all students who enroll in classes complete, sign and return the Payment Contract and Worksheet. *Failure to complete and turn in the Payment Contract and Worksheet may result in the student being withdrawn from classes.*

Signatures are required. Payment Contracts *without both* signatures will delay registration clearance.

_____ Date _____
Student

_____ Date _____
Parent/Guardian

Last Name: _____

First Name: _____

Campus ID#: _____

23 East Elm Avenue, Quincy, MA 02170 -2999 * studentaccounts@enc.edu * www.enc.edu/finaid