



# Fall 2010 Student Account Financial Registration Worksheet

**IMPORTANT:** This worksheet must be completed, signed and turned in with your Student Data Sheet before you can begin fall classes.

1. Computed Balance/Balance Due: (Lower right corner of SDS.) \$ \_\_\_\_\_  
If there are no changes to make to the SDS this is how much you owe. Choose a payment plan on the back of this form and return this and all appropriate forms to the Student Accounts Office.

Complete line 2 - 9...**ONLY IF YOU HAVE CHANGES** that affect your bill.

You must turn in the appropriate paperwork for the changes made below or the change won't happen.

2. Tuition: *Make sure you are being charged for the number of hours you plan to take.* +/- \_\_\_\_\_

3. Housing and Meals: *Check your SDS for accuracy of housing/meal charges.* +/- \_\_\_\_\_

4. Charges you are expecting, that are not on your SDS:  
( *Student Insurance, Overloads, Private Lessons, Rent of Bethel Apartments*)

\_\_\_\_\_  
+ \_\_\_\_\_  
+ \_\_\_\_\_

5. Charges on your SDS that you should not be charged for:

\_\_\_\_\_  
- \_\_\_\_\_  
- \_\_\_\_\_

6. Cash Payments: *Subtract payments made since your SDS was printed.* - \_\_\_\_\_

**REPORT ANY CHANGES ON LINES 7 AND 8 TO TONY GRABER.**

7. Aid or Loans ON YOUR SDS that you WON'T BE RECEIVING:

\_\_\_\_\_  
+ \_\_\_\_\_  
+ \_\_\_\_\_

8. Aid or Loans NOT ON your SDS that you WILL BE RECEIVING:

( *Remember to subtract any bank fees.*)  
\_\_\_\_\_  
- \_\_\_\_\_  
- \_\_\_\_\_

9. Updated balance due: \$ \_\_\_\_\_

( Add and Subtract lines 1 through 8 to determine your new balance due.)

# **PAYMENT OPTIONS: (Please circle the letter which applies.)**

**A. Payment In Full: Due Aug. 30, 2010**

PLEASE CHECK ONE: MasterCard \_\_\_\_\_ VISA \_\_\_\_\_ Discover \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_

*If you are using a credit card, please complete and return the enclosed charge form.*

**B. BC Direct Mo.Payment Plan: Form Enclosed**

Monthly payments are taken directly from your checking or savings. There is a \$75/\$40 fee for this plan.

**C. Deferred Payment Plan: Form Enclosed**

Half of the balance is due Aug. 30, 2010 and the remainder is due Oct. 29, 2010. There is a \$40.00 fee to use this payment option. Any payments received after the due dates are subject to a \$75.00 Late Payment Fee.

**D. Credit on Account:**

\_\_\_\_\_ Please write me a check as soon as my credit is available.  
\_\_\_\_\_ Leave credit on my account

**IMPORTANT:**

Return a copy of your SDS and the completed worksheet to the Business Office by Aug. 30, 2010 to complete your Business Office Payment Registration. Failure to return both forms by registration day may result in a \$75.00 late registration fee, \$75.00 late payment fee, and monthly interest charges of 1%.  
You *could* be dropped from all of your classes on Aug. 30, 2010.

\*\*\*\*\*

*IF YOU WOULD LIKE YOUR STATEMENTS SENT HOME TO YOUR PARENT OR GUARDIAN,  
PLEASE SEE KAREN GARCIA, IN STUDENT ACCOUNTS, TO COMPLETE AN INFORMATION WAIVER FORM.*

I have reviewed the Student Data Sheet( SDS) , made all the necessary corrections, and completed both sides of the worksheet. Bethel College is authorized to charge my account for any and all fees including but not limited to library fines, lab fees, damage to college property, and finance charges. Bethel College is also authorized to charge my account for health insurance unless I have completed a current year waiver form and submitted it to the Student Accounts Office. I understand the balance on my account, after all of my financial aid is considered, will begin accruing interest at a rate of 1% per month if I do not comply with the payment arrangements on my account. I also understand if my account is turned in for collections, I will be responsible for all collection costs/fees. If I have a credit balance, I authorize Bethel College to hold that credit on my account and to apply the funds to other charges, such as tuition, room, board, books, and other miscellaneous institutional charges that may occur during my enrollment at Bethel College, unless I complete a requisition requesting a refund of the credit balance. Further, I understand I may rescind this agreement, in writing, at any time as long as I make alternate arrangements for payment of any of the above or other fees and costs for which I may be responsible. All data as stated/corrected is accurate.

\_\_\_\_\_  
Student Name ( Please Print)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Cell Phone Number

\_\_\_\_\_  
Cell Phone Servicer (For texting purposes)