23/24



INSTALLMENT PAYMENT PLAN ACADEMIC YEAR AGREEMENT

I, ______, have opted for the installment payment plan to pay my accommodation and other fees, as outlined in my Accommodation Agreement.

I AGREE TO PAY all installment payments by the required due dates noted below via any payment method accepted by the Registrar's Office.

Installment	1 st	2 nd	3 rd	4 th	5 th	6 th	Total
Due Dates:	Aug 15/23	Oct 1/23	Nov 1/23	Dec 1/23	Feb 1/24	Mar 1/24	
4 bedroom unit	1704.00	794.50	794.50	1629.00	794.50	794.50	6511.00
2 bedroom unit	1841.50	863.25	863.25	1766.50	863.25	863.25	7061.00

Fall 2023 AND Winter 2024 Terms

 1^{st} installment includes: 50% of the accommodation fees for the Fall Term + \$40 residence programming fee + an installment payment plan administration fee of \$75.

2nd installment includes: 25% of the accommodation fees for the Fall Term.

3rd **installment includes:** 25% of the accommodation fees for the Fall Term.

4th installment includes: 50% of the accommodation fees for the Winter Term + \$40 residence programming fee.

5th installment includes: 25% of the accommodation fees for the Winter Term.

6th installment includes: 25% of the accommodation fees for the Winter Term.

FURTHER, I AGREE TO AND UNDERSTAND THE FOLLOWING TERMS:

- A non-refundable plan administration fee of \$75.00 will be added to my account upon signing this agreement.
- As per my Accommodation Agreement, I am responsible for payment of the full accommodation fee outlined in the Agreement.
- Failure to abide by the conditions outlined in this installment agreement:
 - May result in sanctions imposed under the Residence Policies, Procedures and Conduct Guide.
 - Will result in a late fee of \$25 if payment is not RECEIVED BY the due date.
 - Will result in loss of access to the unit if payment is not RECEIVED within 7 calendar days of the due date.
 - Will result in a Breach of Contract and all associated charges if payment is not RECEIVED with 14 calendar days of the due date.
 - May result in loss of participation in the installment plan in future.

IN WITNESS WHEREOF THE PARTIES AGREE TO THE ABOVE TERMS:

	Date:
Signature: the resident	
Student Identification Number:	
	Date:
Witness: Residence Services Representative	