



24/25

**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.

**Fall 2024 AND Winter 2025 Terms**

Installment Due Dates:	1 <sup>st</sup> TBD	2 <sup>nd</sup> Oct 1st	3 <sup>rd</sup> Nov 1st	4 <sup>th</sup> Dec 1st	5 <sup>th</sup> Feb 1st	6 <sup>th</sup> Mar 1/st	Total
4 bedroom unit	1,767.50	826.25	826.25	1,692.50	826.25	826.25	6,765.00
2 bedroom unit	1,910.50	897.75	897.75	1,835.50	897.75	897.75	7,337.00

**1<sup>st</sup> installment includes:** 50% of the accommodation fees for the Fall Term + \$40 residence programming fee + an installment payment plan administration fee of \$75.

**2<sup>nd</sup> installment includes:** 25% of the accommodation fees for the Fall Term.

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

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

**5<sup>th</sup> installment includes:** 25% of the accommodation fees for the Winter Term.

**6<sup>th</sup> 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:**

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