



22/23

**INSTALLMENT PAYMENT PLAN ONE TERM 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 2022** (Sep 3’22-Dec 23’22) **OR** **Winter 2023** (Jan 3’23-Apr 22’23) **Term**

<b>Installment Due Dates:</b> Fall Winter	<b>1<sup>st</sup></b> Aug 15/22 Dec 1/22	<b>2<sup>nd</sup></b> Oct 1/22 Feb 1/23	<b>3<sup>rd</sup></b> Nov 1/22 Mar 1/23	<b>Total</b>
4 bedroom unit	<b>1663.00</b>	<b>779.00</b>	<b>779.00</b>	<b>3221</b>
2 bedroom unit	<b>1797.50</b>	<b>846.25</b>	<b>846.25</b>	<b>3490</b>

**1<sup>st</sup> installment includes:** 50% of the accommodation fees for one semester + \$30 residence programming fee + an installment payment plan administration fee of \$75.

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

**3<sup>rd</sup> installment includes:** 25% of the accommodation fees for one semester

**FURTHER, I AGREE TO AND UNDERSTAND THE FOLLOWING TERMS:**

- A non-refundable installment 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:**

_____ <b>Signature: the resident</b>	<b>Date:</b> _____
_____ <b>Student Identification Number:</b> _____ - _____ - _____	<b>Date:</b> _____
_____ <b>Witness: Residence Services Representative</b>	