



STUDENT PAYMENT POLICY and COMMITMENT FORM

For value received I, the undersigned, promise to pay to Knox Theological Seminary, Inc. (KNOX) the total costs incurred during my attendance at KNOX, whether for distance education or residential classes. Payments may be received from a variety of sources such as scholarships, private loans and personal payments.

I agree to abide by the payment terms as outlined in the current KNOX Academic Catalog, and other communications, including publications, letters, or emails from the Finance Department or Registrar's office of KNOX. I acknowledge that I have read and understand my financial commitment as outlined in the current published catalog of Knox Theological Seminary, Inc., including due dates, late payment fees, credit card convenience fees, and administrative convenience fees for payment plans.

Further, I agree to pay all costs of collection of past-due amounts, including reasonable attorney's fees incurred by KNOX. Students may not register for a new semester or receive transcripts until prior financial obligations have been met. Past-due accounts may be subject to a finance charge of 1% per month on the outstanding balance. I authorize Knox Theological Seminary, Inc. and its respective agents and contractors to contact me regarding my student account at the current or any future phone number or email address that I provide to KNOX.

I understand that I must **return this signed form to KNOX** before I can register and receive access to classes **and** that I must **provide a method of payment form, either a Credit Card Authorization form or a Direct Debit Authorization form, or indicate below that I will pay by check or cash.** I understand that it is my responsibility to provide a new form whenever my expiration date or account information may change. I understand that I may change my payment method at any time by sending in a new or updated form. Such changes must be received in writing and acknowledged by KNOX before taking effect.

Anticipated Start Date: _____

Please check one: Residential Online

Please check one: Doctor Master Certificate Audit Other

STUDENT NAME: _____
(Please Print)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (_____) _____ EMAIL _____

SIGNATURE: _____ DATE _____

Please check one: My form of payment will be: Credit Card Direct Debit Check or Cash
(Please send the appropriate form if paying by credit card or direct debit.)

Please send the completed form back to: studentaccounts@knoxseminary.edu