

Appalachian Bible College

Payment & Insurance Option Form

Note: Every registered student must complete, sign, and submit this form by the first week of the semester, even if paying in full. Registration will not be considered complete until this form is submitted. Unless paying in full, a payment agreement will also need to be completed after arrival.

Student Name _____

Semester _____ / _____

Fall or Spring / Year

SECTION 1. Payment Options (Please CHECK one of the following):

I agree to care for my obligation by the method indicated below with a minimum initial down payment required in all cases.

- A. Pay in full (with other miscellaneous charges incurred due monthly)
- B. Delayed Full Payment. Initial down payment and one remaining payment due in full by October 31st for Fall or March 20th for Spring (with other miscellaneous charges incurred due monthly)
- C. Monthly Payment Plan: Initial down payment and three additional payments: paid 1/4 the first month, 1/2 the second month, and the balance the third month (with other miscellaneous charges incurred due monthly).

(Monthly statements will be provided showing transaction details, the balance of your account, and the amount currently due.)

I have read and agree to abide by the policies set forth in the Student Payment Policies as previously delivered to me.

Signature _____ Date _____

Note: This form must be brought to the Business Office along with your required down payment prior to finalizing your payment arrangements. Each student must complete both the front and back of this form.

Final approval by the Business Office is required for the use of options B and C.

SECTION 2. Insurance (Please CHECK one of the following):
EACH STUDENT TAKING 7 OR MORE HOURS MUST CARRY HOSPITALIZATION INSURANCE COVERAGE. Appalachian Bible College has arranged for coverage through Commercial Travelers Mutual Insurance Company. Please CHECK one of the following:

- I have other coverage** and do not need the school's sponsored Accident and Sickness Plan. (YOU MUST deliver the completed waiver form , mailed with the insurance brochure and a copy of your insurance card to the Business Office by the first week of the semester, in order to avoid being automatically enrolled in the insurance program.)
- I do not have other coverage.** Please enroll me in the school's sponsored Accident and Sickness Plan. (YOU MUST deliver a completed Dependents' Enrollment Form to the Business Office by the first week of the semester, if you desire coverage for any family members.)
- I am taking less than 7 hours.**
- My insurance has not changed since last semester (Spring Returning Students Only)**
 (If it has changed since the Fall, check the appropriate box above.)

Section 3. Resources. For those not paying in full and selecting the delayed or monthly payment plan option, please complete this section, indicating how you will pay your remaining balance (do not enter financial aid already showing on your statement).

| | Resources | Monthly Amount | Total Amount | Office use only |
|----|---------------------------|----------------|--------------|-----------------|
| 1 | Personal savings | | | |
| 2 | Parental Assistance | | | |
| 3 | Assistance of relative | | | |
| 4 | Church assistance | | | |
| 5 | Other assistance | | | |
| 6 | Employment | | | |
| 7 | Pell | | | |
| 8 | Student Loan applied for* | | | |
| 9 | GI Bill: | | | |
| 10 | Other scholarships: | | | |
| 11 | Other aid: | | | |
| 12 | | | | |
| | Total of Above Resources | | | |

*Do not include a student loan as a resource unless you have completed and mailed the loan paperwork.

My signature below indicates that I have the above resources to enable me to faithfully and punctually make my required semester payments.

Signature _____ Date _____

| |
|--------------------------|
| NOTES: (Office use only) |
|--------------------------|