

CALVIN THEOLOGICAL SEMINARY

Payment Request

DATE: _____

FROM: _____ (my name)

STUDENT NO. _____ (my number on my School ID)

MAILBOX # _____ (or where I want my check to go)

TO: Phillip Vanden Berge, Seminary Chief Financial Officer

I hereby request that you issue a check payable to (me) _____
in the amount of \$ _____ .

I certify that there is in my student account a CREDIT balance equal to or in excess of the requested check amount, and that I know of no unrecorded amounts payable to either Calvin Theological Seminary or Calvin College. This check is to be applied against my Student Account balance.

I understand that I am personally responsible to pay to the Seminary all amounts for tuition, rents, fees, fines and other charges, except to the extent such amounts may be recovered by aid from the Seminary. My tuition is due on or BEFORE August 15th, October 15th, January 15th and April 15th, and my rent is always due on or before the 1st of the month.

Signed _____

Financial Services information:

1-3-00000-12082 CAMS balance _____ date _____
H:\finance\FORMS\Payment request.doc Recorded in CAMS (initials) _____ date _____