LANCASTER BIBLE COLLEGE
901 Eden Road | Lancaster PA 17601 ***www.lbc.edu***

FINANCIAL CONTRACT

Complete ALL sections even if your bill is paid in full. Please print legibly and read carefully

CREDIT ON ACCOUNT

I hereby authorize that any credit balance that results as an overpayment of federal financial aid money may be held on my student account until the end of the current academic year or loan period. I understand that I have the right to rescind this authorization at any time by notifying the LBC Business Office at which time my credit balance will be refunded within 14 days. I understand that a credit balance resulting from non-Federal aid money can only be refunded if I make a request in writing to the Business Office. I understand that no credit *will be refunded if I have an outstanding balance or* ***pending*** *financial aid.*

Print name _____ _____ _____
LAST NAME FIRST NAME MI

LBC Stop #_____

AUTHORIZATION TO RELEASE INFORMATION

I understand that at various times during the semester someone may call the Business Office to help pay my school bill. LBC requires that my Student ID Number be given before giving my billing information.

Check all that apply:

☐ OK to release information to parent/guardian

☐ OK to release information to others who want to help

☐ **DO NOT** release financial information to anyone

☐ **DO NOT** release financial information to _____

PROMISE TO PAY

I promise to pay Lancaster Bible College for any outstanding balance on my account. I understand that additional charges may be added at a later date (i.e. fines, late fees, add/drop fees, health insurance, etc.) and that financial aid cannot be used to pay fines or fees.

DURATION OF CONTRACT

This financial contract is to remain in effect until I am no longer a student at LBC or until LBC has received written notification from me of any change.

I understand these statements and promises _____
Signature **Date**