

WILLIAM JESSUP UNIVERSITY
DEFERRED PAYMENT PROGRAM APPLICATION
(please enter student information)



PERSONAL INFORMATION:

NAME _____

SOCIAL SECURITY NUMBER _____

ADDRESS _____

DRIVER'S LICENSE NUMBER _____

CITY _____ STATE _____ ZIP _____

DRIVER'S LICENSE STATE & EXPIRATION _____

**PREVIOUS HOME ADDRESS/PERMANENT ADDRESS:
(If at above address less than 2 years)**

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMPLOYER INFORMATION:

EMPLOYER NAME _____

(_____) _____
EMPLOYER PHONE

ADDRESS _____

CITY _____ STATE _____ ZIP _____

BANK ACCOUNT INFORMATION:

BANK NAME (SAVINGS) _____

BANK NAME (CHECKING) _____

ADDRESS _____

ADDRESS _____

ACCOUNT NUMBER _____

ACCOUNT NUMBER _____

PARENT OR GUARDIAN INFORMATION:

PARENT'S NAME _____

(_____) _____
PHONE

PARENT'S ADDRESS _____

CITY _____ STATE _____ ZIP _____

FATHER'S EMPLOYER _____

MOTHER'S EMPLOYER _____

ADDRESS _____

ADDRESS _____

PERSONAL REFERENCES: (Not parents or guardians)

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____

I certify that the information listed on this form is accurate and true. I authorize William Jessup University to investigate my credit background to the extent they deem necessary. I also understand that this document will be used primarily if I fail to honor the terms and conditions of my tuition and fee payment program.

SIGNATURE _____

DATE _____

Payment Reminder Email _____

Payment Reminder Email _____