

WILLIAM JESSUP UNIVERSITY
DEFERRED PAYMENT PROGRAM APPLICATION



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

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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

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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