

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