Centenary
COLLEGE OF LOUISIANA
Business Office
2911 Centenary Blvd. | Shreveport, LA 71104
318.869.5125 | Fax 318.869.5722 | centenary.edu

FORM A

Fee Bill Agreement
Tem: _____

Student Name _____ ID Number _____
(Please Print)

I understand and agree to follow the payment option(s) I have indicated below to cover my semester balance.
(Place an x in all appropriate boxes below)

_____ **Pay Balance in Full** Amount Enclosed: _____

_____ **Payment Plan**
**Enroll Online using your Bannerweb account or using links below. Amount Enclosed: $ _____

_____ **ALL Charges covered by Financial Aid**

_____ **Credit Balance**:

If student is due a credit refund, please indicate one option below

☐ PROCESS REFUND (After all charges are applied) ☐ RETAIN IN ACCOUNT ☐ PARENT LOAN

Address for Refund: _____

_____

When a student requests a refund for an outstanding credit balances it will be returned to the student in the form of a refund check. Also note that, with the exception of Parent/PLUS loans, any credit balance will be refunded to the student regardless of who remitted the payment to the student account (e.g., parent/grandparent). If a Parent PLUS Loan overpays a student's account and a refund is requested, the refund check will be issued in the PLUS Loan borrower's name unless that borrower requests otherwise.

I understand and agree that I will be responsible for any balance due plus collection costs, legal fees, and court cost incurred by Centenary College of Louisiana in attempting to collect any balance due on my student account.

Student Signature _____ Date _____

Please return this completed to:

Centenary College of Louisiana
Business Office
2911 Centenary Blvd
Shreveport, LA 71104

**Payments accepted Online at:
Students: https://www.centenary.edu/students (Access for Online Tuition payment)
Parents: https://www.centenary.edu/parents-families (Authorized User Access for Online Tuition payment)