

## Payroll Deduction Agreement

3225 West Foster Avenue, Box 9  
Chicago, Illinois 60625-4895  
www.northpark.edu  
(773) 244-5560 Telephone  
(773) 634-4051 Fax

Date \_\_\_\_\_

Student Name \_\_\_\_\_ ID# \_\_\_\_\_

Balance of tuition account: \$ \_\_\_\_\_

Please circle one option: 100% of paycheck should be credited to my student account.  
Deduct \$ \_\_\_\_\_ from each paycheck to be credited to my student account.

I agree to the following terms and conditions:

- The balance on my student account must be paid in full prior to the end of the term.
- I understand that my earnings may not fully cover my account balance, so I may need to make additional arrangements to pay my balance prior to the end of the term.
- A business office hold will be placed on my account if I do not make payments according to this agreement, such as missed payments, underpayments, etc.
- I will remain on the Payroll Deduction Plan for the remainder of this academic year as long as I am employed by North Park University.
- The institution shall have the right to withhold academic records, including transcripts, certifications and diplomas, and may refuse to accept registration for future terms until this account is paid in full.
- If there are any circumstances that may prevent me from complying with this agreement, I will promptly inform North Park University, Student Administrative Services, 773-244-5560.

To be completed by the student:

Printed Name: \_\_\_\_\_

Department in which I am currently employed: \_\_\_\_\_

I certify that I have read, fully understand and agree with the contents of this agreement, and do hereby affix my signature attesting to this fact.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed agreement by email to [studentaccounts@northpark.edu](mailto:studentaccounts@northpark.edu)**

For Office Use Only:  
Student Administrative Services Signature/Date: \_\_\_\_\_

Human Resources Signature/Date: \_\_\_\_\_