You Must Include:
- ☐ Fin/Grad Aid Verification
- ☐ Total Activation Payment
- ☐ This Document Completed
- ☐ E-Check Receipt

(If payment made w/ E-Check)
Email barc.info@bfs.ucsb.edu
Mail To / Overnight To:
UCSB BARC Office
1212 SAASB, Santa Barbara
Ca. 93106-2003
FAX (805) 893-8063

UCSB BILLING OFFICE
FIN AID / GRAD AID PAYMENT AGREEMENT FORM

For use by students with pending Financial Aid or Grad Aid this quarter

FALL 2017	✔		SPRING 2018
WINTER 2018			SUMMER 2018

**Red = Required field*

Type name and then tab to fields and enter data

***LAST,FIRST NAME**

***STUDENT PERM #**

***EMAIL** ***PHONE #**

***ACCOUNT BALANCE** ★ CLICK STAR for BARC Bal & Billing Acct #

***PENDING AID NOT ON ACCOUNT** ★ CLICK STAR for Pending FIN AID

Signee agrees to cover this amount by either accepting pending aid or via alternate sources

AMOUNT DEFERRED
(Maximum = lesser of Pending Aid or Account Balance)

PAYMENT SCHEDULE
OCT 16th 2017

DOWN PAYMENT $0.00
(Your balance in excess of pending aid)

Enrollment Fee (NON REFUNDABLE) $25.00

TOTAL DUE TO ACTIVATE PLAN $25.00
(Full payment due with form to activate plan)

MAKE CHECKS PAYABLE TO: UC REGENTS

Undergrad: Due Sept 15th, 4pm Grad: Due Sept 28th, 4pm

By signing below, I agree to pay the installment(s) billed to my monthly statement(s). I understand a late fee will be assessed for any payment not received by its installment due date. Failure to make a payment may result in lapse of registered status and future registration may be blocked. I also understand that if I neither correctly prepare this form, nor fully pay the "Total Due to Activate Plan" when I submit this form, my registration may be delayed and a $50 late fee (subject to change) and/or blocks may be placed on my BARC account. I have read and understand the conditions, and agree to honor this agreement.

***STUDENT SIGNATURE** ***DATE**

FOR BARC USE ONLY

PLAN ENROLLED *ENROLLED BY* **DATE*

PAYMENT PLAN FEE: *FIN AID* *BARC'D* *AUTHORIZED*