You Must Include:
☐ 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
GENERAL PAYMENT AGREEMENT FORM

For use by students without Fin Aid or TA/RA contract 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 # ★

***ENTER QUARTERLY HOUSING PORTION OF BALANCE**
(MONTHLY Housing charges NOT eligible for Payment Plan)

2/3 REGISTRATION & HOUSING FEES
(Based on Registration Status selected above) $3,949.93

AMOUNT DEFERRED
(Maximum = lesser of 2/3 Registration & Housing Fees or 2/3 of Account Balance) $0.00

DOWN PAYMENT
(Account Balance less Amount Deferred) $0.00

Enrollment Fee (NON REFUNDABLE) $25.00

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

***Indicate your Registration Status:**

UNDERGRADUATE	
CA RES ●	NON-RES ○

GRAD - **NOT A TA/RA**	
CA RES ○	NON-RES ○

PAYMENT SCHEDULE

APR 16th 2018	$0.00
MAY 15th 2018	$0.00

MAKE CHECKS PAYABLE TO: UC REGENTS

Undergrad: Due Mar 15th, 4pm Grad: Due April 2nd, 4pm

By signing below, I agree to timely 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***