



\_\_\_\_\_  
(Organization Name)

### COLLECTION AGREEMENT WITH STEVENS INSTITUTE OF TECHNOLOGY

I, \_\_\_\_\_ am aware that all fees (housing, dining, membership, etc.) I  
 (Full Name)

owe to the Stevens chapter of \_\_\_\_\_, as determined by the chapter's  
 (Organization Name)

executive board will be collected by Stevens Institute of Technology on behalf of  
 \_\_\_\_\_. I agree to make all such payments at the as they appear on my  
 (Organization Name)

student account through Stevens Institute of Technology. I understand that if I do not pay in full, I  
 will not be allowed to have all the privileges of a student in good standing. I also understand that my  
 academic records and diploma will be withheld if I do not pay in full.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Permanent Address

\_\_\_\_\_  
Stevens ID

\_\_\_\_\_  
Permanent City, State, Zip

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Permanent Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
(Chapter President's Signature)

\_\_\_\_\_  
(Stevens Institute of Technology Signature)