



17600 Pacific Highway
PO Box 261, Marylhurst, OR 97036-0261
Phone: 503.699.6278 • Fax: 503.534.4086
cashier@marylhurst.edu • www.marylhurst.edu

Non-Negotiable Promissory Note

For valuable consideration, the receipt and	sufficiency of which are ack	nowledged,	
	, individually (Maker)	promises to pay to the order o	of
Marylhurst University (Holder) at 17600 Page	cific Highway, PO Box 261, N	/larylhurst, OR 97036-0261,	
the principle sum of		dollars and/10	00.
(\$) per terms	and conditions listed on page	2.
Payment is due by or on			•
Credit Card Number		Expiration	
The Maker's credit card number	r and expiration date must a	accompany this agreement.	
Maker's Name		Student ID Number	
Home Phone	Work Phone	Employer's Name	.,
If by or on the due dates, payment(s) do not authorized to charge Maker's credit care executed this Note and agrees to be be	d for any remaining balance	on this Note. The undersigned	has
Maker's Signature		Date	
Holder's Signature		Date	
Fee Paid (Office of Student Accounts AD/CS ()	Use Account Charged (