



University of Findlay

Payment Agreement Fall

Session:

Name:

ID Number:

Address:

Phone Number:

I/we, jointly and severally promise to pay to the order of the University of Findlay the sum of:

dollars (exclusive of financing charge) in installments as follows, for the session indicated, less anticipated financial aid as listed here:

Financial Aid 1:

Financial Aid 2:

Financial Aid 3:

Financial Aid 4:

FALL BALANCE:

Fees as described below will be added to the student account unless the account has a zero balance. Fall semester tuition and fees must be paid in full by Nov. 1. Payment agreement will not be processed without the first payment.

August 1, 2020

September 1, 2020

October 1, 2020

November 1, 2020

plus late fees

plus late fees

the same being the unpaid portion of my tuition and fees for the semester beginning: Aug. 2020 with late fees at 1.5% per month (Annual Percentage Rate 18%) on the outstanding balance from the first day of the semester. Failure to meet the payments as herein set forth will subject the student to possible suspension from school. If full payment is made on or before Sept. 1 of the current year, no late fee shall accrue. In order to pre-register for the following semester, you must be up-to-date on the payments as represented above.

If any amount owed under this agreement becomes past due, in addition to such amount, I/we agree to pay all costs incurred by the University of Findlay pertaining to collection efforts including, but not limited to: (1) court costs, (2) reasonable attorney fees, and (3) reasonable collection agency fees whether or not litigated. I further understand that if I default on my payments the institution may disclose that I have defaulted along with other relevant information to credit bureau organizations.

- I understand that I must notify the Business Office of any changes that would affect the balance including, but not limited to, course load, financial aid, and housing.
- Charges assessed after signing this note may be found online.
- I agree to be responsible for any balance not covered by financial aid.

I verify that the above information is correct and accurate.

Signature of Student (Required):

Date:

Signature of Parent (Optional):

Date: