MORGAN STATE UNIVERSITY

# BALTIMORE, MARYLAND 21251 (443) 885-3108

DEFERRED PAYMENT AGREEMENT

Please-Print

Date: 

Student Name:

Last First Ml

Mailing Address:

Phone:

Parent's Name:

Phone:

Address:

I am a dependent student Independent student

Total Semester Charges 

Deferred Payment Fee \_\_\_\_\_\_\_\_$25.00\_\_\_\_\_\_\_\_\_\_\_

Less: Financial Aid 

F/A Deferment 

Cash Payment 

Amount payable at registration 

Total Credit 

Amount Deferred 

Second Payment $ Date Due

Final Payment $ Date Due

**I** hereby promise to pay the charge indicated above and make installment payments in accordance with the above schedule. I understand that if I fail to make payments on the indicated dates that my account will automatically be assessed a $30.00 late fee for each period.

Failure to respond to University collection efforts will result in the submission of my account to the Central Collection Unit of Maryland, and I will be subject to pay the collection cost of 17% of the principal outstanding balance.

Student's Signature Date Approved by:

Name Date

## FOR OFFICE USE ONLY

White - Student Copy Yellow - Billing & Receivables Pink - Parent Gold - File copy