

DEFERRED PAYMENT AGREEMENT

Please Print

Date: _____

Student Name: _____ SS#: _____
Last First MI

Mailing Address: _____

Phone: _____

Parent's Name: _____

Phone: _____

Address: _____

I am a dependent student Independent student

Total Semester Charges \$ _____

Deferred Payment Fee \$ _____

Less: Financial Aid \$ _____

F/A Deferment \$ _____

Cash Payment \$ _____

Amount payable at registration \$ _____

Total Credit \$ _____ **0.00**

Amount Deferred \$ _____ **0.00**

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