

REPAYMENT AGREEMENT

I _____ hereby acknowledge that I have an outstanding past due balance in the amount of \$ _____ due to the College of Charleston. This indebtedness was incurred during the _____ Semester/s. I also acknowledge that I owe a late repayment penalty of \$ _____ for a total amount due of \$ _____. I will make monthly payments in the amount of \$ _____ beginning in/on _____ until my account is paid in full.

By **signing this agreement** below, I both *acknowledge and accept* each of the following terms and conditions of this agreement:

Each monthly payment is due on or before the _____ of each month. I will not receive monthly reminders of said payments. If I should become delinquent in my payments, the College may have no recourse but to submit my account to an outside Collection Agency. Once my account has been submitted to an outside Collection Agency, the College will no longer negotiate terms for repayment. If my account is turned over to an outside Collection Agency, I am responsible for all collection costs (up to 33.33%) that are incurred by the College. If I pay the past due balance of \$ _____ in full before _____, I understand the late repayment penalty will be waived. Until my balance is paid in full, I will not be able to return to the College nor receive any official transcripts from the College. If I should move, it is my responsibility to notify the Accounts Receivable Office at the College of Charleston.

By **signing my name below**, I hereby acknowledge that I have *read, understood, and accepted* ALL terms and conditions of this agreement. **If I do not sign my name below, I understand that this account may be subject to full collections activity.**

***Any changes in the wording of this agreement (e.g., adding, deleting, or marking through a letter, number, symbol, word or statement) by the signer(s) will make this agreement null and void and unacceptable to the College of Charleston. If any of the terms below are unacceptable to the signer, he/she will need to make other payment arrangements to have this account paid in full. If neither an agreement is reached *nor* payment has been made *in full*, this account may be subject to full collections activity.**

Signature	Social Security Number	Date
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Street Address	City	State	Zip Code	Phone Number
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Employer	Street Address	City	State	Zip Code	Work Number
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Reference	Street Address	City	State	Zip Code	Phone Number
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Witness

Notary

Mail to: College of Charleston, ATTN: Treasurer's Office, 66 George Street, Charleston, SC 29424