**(ACCS COLLEGE NAME)**

**TUITION/FEES DEFERMENT AGREEMENT**

**DEFERMENT CALCULATION OF CHARGES/PAYMENTS**

1. Total Semester Charges (Tuition and Fees) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Deferment Fee $ \_\_\_\_\_\_\_\_\_\_\_
3. Total Due $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Amount/Type of Payment or Credit
	1. Cash, Money Order, Cashier’s Check, or, Credit/Debit Card

 (Amounts below this line must be applied in full)

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Financial Aid Applied to Student Account

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Other (Specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Total Payments and/or Credits (Total of lines 4a – 4c) $(\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
2. Deferred Balance (Line 3 minus Line 5) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(D*eferred balance* ***cannot be greater than 50%*** *of total Tuition and Fees)*

**DEFERMENT AGREEMENT**

I, the undersigned party, hereby promise to pay **(College Name)** the deferred balance as shown in the above calculation by the due date specified herein below.

I further understand and agree that the balance of my account may be adjusted from time to time to reflect additional charges and/or credits.

I also understand and agree that failure to make the agreed-upon payment in full on or before the due date specified herein will result in **(College Name)** taking one or more of the following actions against me: (1) I will be ineligible to graduate or receive grade reports, transcripts, or future deferments; (2) I will be subject to late payment charges or an administrative handling fee; and/or (3) my account may be turned over to a collection agency.

I hereby further agree and acknowledge that:

1. The amounts stated above are subject to correction for any errors contained therein, and I shall be responsible for the correct amounts as required by the current **ACCS Board of Trustees and (College Name)** policies.
2. I understand if at any time that **(College Name)** has in its possession or under its control any funds payable to me, whether from financial aid, scholarships, payroll checks, or any other source, the sum necessary to pay this deferment, my student account balance, and any collection costs will be deducted from such funds.
3. I have read and will comply with the regulations of **(College Name)** in regard to the payments specified in this contract.
4. I agree to reimburse **(College Name)** the fees of any collection agency, which may be based on a percentage at a maximum of \_\_\_\_\_\_\_\_\_\_% of the debt, and all costs and expenses, including reasonable attorney’s fees, **(College Name**) incurs in such collection efforts.
5. In the event that **(College Name)** shall be compelled to take appropriate legal or administrative action due to my failure to comply with this agreement, I will be responsible to **(College Name)** for the reimbursement to the College of any and all costs incurred by the College in the collection of monies due hereunder, including attorneys’ fees and other reasonable and necessary costs and charges.
6. I will maintain a current mailing address and telephone number with **(College Name)** and will immediately advise the Admissions Office of any changes of address and telephone number.
7. By providing my telephone number, I understand, agree and give express consent that **(College Name)** or anyone working on behalf of the College, including third party vendors, may contact me at the number provided by manually dialing the number or by using automated dialing technology.

Due Date of Deferred Balance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date

Deferment Authorized By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Institution Official) Date