



FROSTBURG STATE UNIVERSITY Summer Session Payment Plan

A payment plan is a courtesy extended to you and it is a serious legal obligation. Therefore, it is extremely important that you, as maker, understand your rights and responsibilities.

1. I understand I must, without exception, report any of the following changes to the University & Student Billing Office of FSU: a) withdrawal from the University, and b) name or permanent address change.
2. I understand if I fail to repay any scheduled payment, as agreed, the total deferred amount will become due and payable immediately, and that legal action may be taken against me in order to secure payment.
I further understand that if my account is referred to collections, a 17% collection fee is assessed. Moreover, nonpayment of any scheduled payment, as agreed, may subject me to dismissal from my classes at the University, and, if applicable eviction from the residence hall. I understand that, in the event of my dismissal, my indebtedness to the University remains unchanged. The University's rights to collection of all monies due will not be affected by this action of dismissal/eviction.
3. I will promptly answer any communication from Frostburg State University regarding my deferment.
4. I understand that I may repay the total due at any time prior to the due date without penalty.

Summer Session PAYMENT PLAN AGREEMENT

Upon registration 1/3 of tuition & fees, plus a \$45.00 enrollment fee and a completed deferment form are due.

1/3 is due June 4

Final 1/3 is due July 4

Any payment received more than three days after the due date is subject to a \$50.00 late payment penalty. By checking this box and/or saving this form, I understand that the name entered below is accepted in lieu of written signature. **If I decide not to attend FSU, I must officially withdraw from all of my courses to nullify this agreement.**

Student's Name: _____ <small>(Please Print)</small>	Student ID #: _____
Date: _____	
Permanent Address: _____ <small>(Please Print) Street Address City State Zip</small>	
Home/Local/cell phone #: _____	
Payer's Signature or Student Signature: _____	