

Wallace State Community College-Hanceville TUITION/FEES DEFERMENT AGREEMENT

DEFERMENT CALCULATION OF CHARGES/PAYMENTS

1. Total Semester Charges (Tuition, Fees, Room, and Meals)	\$ _____
2. Deferment Fee	\$ 40.00
3. Total Due	\$ _____
4. Amount/Type of Payment or Credit	
a. Cash, Money Order, Cashier's Check, or, Credit/Debit Card (Amounts below this line must be applied in full)	\$ _____
b. Financial Aid Applied to Student Account	\$ _____
c. Other (Specify): _____	\$ _____
5. Total Payments and/or Credits (Total of lines 4a – 4c)	\$(_____)
6. Deferred Balance (Line 3 minus Line 5)	\$ _____

(Deferred balance cannot be greater than 50% of total Tuition and Fees)

DEFERMENT AGREEMENT

I, the undersigned party, hereby promise to pay Wallace State Community College the deferred balance as shown in the above calculation by the due date specified herein below. I understand that the amount includes a fee of \$40.00. 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 Wallace State Community College taking one or more of the following actions against me: (1) I will be evicted from Wallace State Community College housing at the midpoint of term; (2) I will be ineligible to graduate or receive grade reports, transcripts, or future deferments; (3) I will be subject to late payment charges or an administrative handling fee; and/or (4) 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 Wallace State Community College policies.
2. I understand if at any time that Wallace State Community College 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 Wallace State Community College in regard to the payments specified in this contract.
4. I agree to reimburse Wallace State Community College the fees of any collection agency, and all costs and expenses, including reasonable attorney's fees, Wallace State Community College incur in such collection efforts.
5. In the event that Wallace State Community College shall be compelled to take appropriate legal or administrative action due to my failure to comply with this agreement, I will be responsible to Wallace State Community College 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 Wallace State Community College 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 Wallace State Community College 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