

Medical / Dental Apartment PAYMENT PLAN – SPRING 2020

MAIL FORM AND PAYMENT TO: BURSAR'S OFFICE, UNIVERSITY OF LOUISVILLE, LOUISVILLE KY 40292
HOUCHENS BLDG, ROOM 101 - TEL: (502) 852-6503 / FAX: (502) 852-7032 – EMAIL: bursartr@louisville.edu

STUDENT #: _____ **PRINT NAME:** _____

I promise to pay to the University of Louisville the PLAN AMOUNT indicated below together with all attorney's fees and related costs and charges for the collection of any amount not paid when in default according to the terms of this agreement.

Medical/Dental Apartment Charges (Fall 2019)	\$	This form and the required down payment must be received in the Bursar's Office by 01/10/2020
Tuition for Anticipated Hours	\$	
All Other Fees (course, lab, etc.)	\$	
TOTAL ACCOUNT CHARGES	\$	
Less: Financial Aid	-\$	
STUDENT ACCOUNT BALANCE	(A) \$	
Down Payment (1/4 of Student Account Balance)	(B) \$	
Finance Charge	(C) \$	
INITIAL PAYMENT DUE (Down Payment + Finance Charge: B+C)	(D) \$	Make Check payable to: University of Louisville
PLAN AMOUNT (3/4 of Student Account Balance or A-B. Round to nearest whole dollar amount.)	(E) \$	Approved by Bursar Staff _____

Annual Percentage Rate	Pre-paid Finance Charge (The dollar amount the credit will cost you)	Plan Amount (The amount of credit provided to you)	Total #of Payments	Total Cost (The Plan Amount + Finance Charge)
0%	\$25.00 (See C Above)	(See (E) Above)	5 (Including Down Payment)	(Line C + E)

DOWN PAYMENT DUE: On or before January 10, 2020

INSTALLMENT DUE DATES: February 10, 2020 – March 10, 2020 - April 10, 2020

I understand and agree to the following:

- The PLAN AMOUNT shall be no more than **3/4** of the total anticipated charges for the current semester. Unpaid balances from previous semesters may NOT be included in this payment plan. The "Initial Payment Due" must be received before this payment plan will be processed. One fourth of the PLAN AMOUNT is due by each of the installment due dates above. THE \$25 PRE-PAID FINANCE CHARGE IS NOT REFUNDABLE.
- I understand that it is my responsibility to make the installment payments on time according to the terms of this agreement.
- I understand that any financial aid funds processed through the university will be applied to this account and may reduce the amount due on this agreement.
- I understand that any reduction in tuition/fee assessment will be applied to my account and may reduce the amount due on this agreement.
- I understand that any increase in tuition/fee assessment or a reduction in financial aid may increase the amount due.
- I will contact the Bursar's Office to see what amount remains outstanding on this agreement upon withdrawal.
- I agree to immediately inform the Bursar's Office of any change of address. I certify that I am eighteen years of age or older.
- **A Late Payment Fee of \$100.00 may be assessed on accounts which remain unpaid as of the Final Installment Due Date.**
- **DEFAULT:** IN THE EVENT OF FAILURE TO MEET A SCHEDULED INSTALLMENT, THIS AGREEMENT SHALL BE CONSIDERED IN DEFAULT. FAILURE TO MAKE THE REQUIRED PAYMENTS ON TIME MAY DISQUALIFY ME FROM CONTINUED PARTICIPATION IN THIS LOAN PROGRAM. IT IS THE POLICY OF THE UNIVERSITY TO DENY SERVICES TO ME FOR AS LONG AS THIS AGREEMENT REMAINS UNPAID. FURTHER, IT IS UNDERSTOOD THAT THE UNIVERSITY MAY DISCLOSE THAT I HAVE DEFAULTED, ALONG WITH OTHER RELEVANT INFORMATION, TO CREDIT BUREAU ORGANIZATIONS.
- There is no pre-payment penalty and this agreement is not valid until accepted by the Bursar's Office.

STUDENT SIGNATURE: _____ **PHONE:** () _____

PAYER EMAIL ADDRESS: _____

ATTACH "INITIAL PAYMENT DUE" CHECK TO PAYMENT PLAN FORM OR PAY BY CREDIT CARD OR E-CHECK AT: UNIVERSITY OF LOUISVILLE-ULINK > STUDENT SERVICES > TUITION-FEES-PAYMENT OPTIONS > MAKE A PAYMENT.