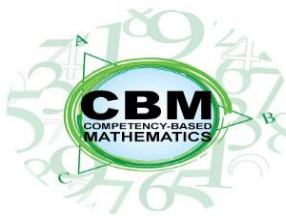


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## Truman State University - Flexible Payment Plan Agreement

Enrollment is not complete until payment of fees has been arranged. Once you select a payment method, that method will remain in effect throughout your attendance at Truman State University unless you rescind the agreement in writing, OR UNLESS THIS AGREEMENT IS RESCINDED BY TRUMAN STATE UNIVERSITY. Neglecting to arrange for payment by the first week of classes either by signing up for the Truman Flexible Payment Plan, or by paying your fees in full under the Standard Plan, will result in cancellation of enrollment with a \$20 late enrollment penalty required to re-enroll.

**Method 1: Truman Flexible Payment Plan:** If this payment method is selected, the student must sign and return this agreement form. The first bill for each term will be emailed to the student's Truman e-mail. **25% of each semester's fees are due by the 15<sup>th</sup> of the month in which the course began (or the one immediately following if the course begins after the 15<sup>th</sup>).** Accounts not paid in full by the last due date - November 15 for fall, April 15 for spring - will be assessed a \$75 late penalty. ***This payment method will incur finance charges equal to one half percent (1/2%) per month (6%) per year on the unpaid balance.***

**Method 2: Standard Plan:** The Standard Plan will be assigned to students who do not select the Truman Flexible Payment plan by signing and returning this agreement. The amount calculated as the student's responsibility must be paid in full by the due date on the bill. Additional charges incurred during the semester must be paid by the due date designated on the bill. Accounts not paid in full by the last due date - November 15 for fall, April 15 for spring - will be assessed a \$75 late penalty. ***This payment method will incur finance charges equal to three quarter percent (3/4%) per month (9%) per year on the unpaid balance.***

**Billing Rights:** Under the Fair Credit Billing Act, if you believe your bill is incorrect, or if you require more information regarding a transaction on your bill, write to Truman State University at the address listed on your bill. The University must hear from you no later than 60 days after you receive the first bill on which the error or problem appeared. You can telephone Truman State University, but doing so will not preserve your rights. In your letter, provide your name, account number, and the dollar amount of the suspected error. Describe the error and explain why you believe there is an error. You are not required to pay any questioned amount during the investigation; however, you are obligated to pay the portion of your bill not in question. During the investigation, the University cannot report you as delinquent or take any action to collect the amount in question.

**Default:** If payment is not made by the deadlines established, the University has the right to take steps to collect the balance including but not limited to the following: denial of registration; withholding transcripts and diploma until the balance is paid; referral of account to a collection agency; legal action to collect the balance due. The student (or responsible parent) will incur the cost of collection for defaulted accounts, which includes reasonable collection agency fee, and/or attorney fees. The University has the right to release information about the account to those concerned with collecting the balance due.

**Change in Terms:** The University reserves the right to amend these Terms and Conditions without securing a new agreement. The University will notify student of any changes in interest, or fees in advance of the change. The option to pay in full always exists. If unpaid, the student is bound by the changes.

I will notify the University promptly of change in my address. Monthly bills will be sent via E-mail to students at their official campus E-mail address. It is the student's responsibility to forward their bill or print and mail a copy to their parents or other persons needing a copy of the bill.

**I understand that If I do not sign and return the payment agreement for Truman's Flexible Payment Plan,** then I am agreeing to pay my fees by the end of the first week of classes for each semester that I am enrolled, known as the Standard Plan, as explained in Method 2 above.

**My signature on this agreement means that I have read this agreement, including all terms and conditions, and I am electing to pay under the terms outlined in Method 1 above.** This agreement will remain in effect throughout my attendance at Truman State University, unless I rescind this agreement in writing, OR UNLESS THIS AGREEMENT IS RESCINDED BY TRUMAN STATE UNIVERSITY. I also authorize Truman State University to communicate with my parents/guardian regarding payment of fees. The University recommends that you retain a copy of this agreement. Copies are available on line at <http://businessoffice.truman.edu/forms/>. **SIGN AND RETURN THIS FORM to address listed above.**

\_\_\_\_\_  
Student Last Name      Student First Name      M Initial  
**PLEASE PRINT CLEARLY**

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

\_\_\_\_\_  
Student's SS#

\_\_\_\_\_  
Parent Last Name      Parent First Name      M Initial

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date