

Due Dates

- 1st
- 7th
- 15th
- 21st
- last day of the month



Business Office

1400 J. R. Lynch Street P. O. Box 17159 Jackson, Mississippi 39217 Ph - (601) 979-2216 Fx - (601) 979-3788

OUTSTANDING BALANCE PAYMENT AGREEMENT

NAME _____ J# _____ BIRTHDATE _____

HOME PHONE # _____ CELL PHONE # _____ WORK PHONE# _____

EMAIL ADDRESS (Print legibly): _____

CURRENT ADDRESS: _____

Street No. & Name City State Zip Code

PERMANENT ADDRESS: _____

Street No. & Name City State Zip Code

EMPLOYER _____

Name City State Zip Code

The undersigned hereby makes and enters into this Payment Agreement as of this _____ day of _____, 20____. Furthermore, the undersigned agrees that he or she is entering this Agreement in exchange for valuable consideration, including the University's forbearance from seeking payment in full all at the present time.

The undersigned who wishes to enter this Payment Agreement has incurred charges with Jackson State University amounting to \$_____ in which he/she is now indebted.

The undersigned agrees to make equal installments of \$_____ beginning on _____ and due on the _____ day of each _____ thereafter until paid in full (with the \$100 Deferment Fee added to the first payment and the final payment being the remaining balance). There will be a total of _____ payments. The undersigned reserves the right to prepay installments prior to the installment dates above. Make Payments out to Jackson State University.

In the event that any payment is not made within seven (7) days of the due date and contact has not been made with the Business Office, such shall be considered as breach of this Agreement and default. Upon such default, this payment agreement may be turned over to an outside collection agency and the undersigned agrees to be responsible for additional charges or costs associated with collection, including reasonable attorney fees, as authorized by law. The undersigned agrees that he or she shall be responsible for all collection fees as well as the balance on the account. Additionally, the total remaining balance will become immediately due.

If the undersigned does not make payments within the allotted time, thereby breaching this Agreement, the Business Office reserves the right to immediately pursue any options available at law. This Agreement is governed by the laws of the State of Mississippi.

Print Name

Social Security Number

Signature

Date

Business Office Representative

Date