



**Fontbonne University
Financial Responsibility Agreement**

PAYMENT OF FEES/PROMISE TO PAY

_____ I understand that when I register for a free summer course(s) at Fontbonne University, I agree to enroll as a full time student at Fontbonne University for Fall 2020. If I do not enroll for the Fall 2020 term, I accept full responsibility to pay all tuition, fees and other associated costs assessed for that(those) summer courses. I further understand and agree that my registration and acceptance of these terms constitutes an agreement in which Fontbonne University is providing me educational services and I promise to pay for all assessed costs.

DELINQUENT ACCOUNT/COLLECTION

_____ Financial Hold: I understand and agree that if I fail to pay my student account bill or any monies due by the scheduled due date, Fontbonne University will place a hold on my student account, preventing me from registering for future classes, receiving transcripts, and receiving my diploma.

_____ Late Payment Charges: I understand and agree that if I fail to pay my student account bill or any monies due by the scheduled due date, Fontbonne University will assess a late fee of \$25.00 per month until my past due account is paid in full.

_____ Collection Agency Fees: I understand and accept that if I fail to pay my student account bill or any monies due to Fontbonne University by the scheduled due date, and fail to make payment arrangements acceptable to Fontbonne University to bring my account current, Fontbonne University may refer my delinquent account to a collection agency. I further understand that if my account is referred for collection that I will be responsible for paying a collection fee based on a percentage at the maximum rate allowed by state and federal regulations along with all cost and expenses, including court costs and reasonable attorney's fees, necessary for the collection of my delinquent account. Finally, I understand that my delinquent account may be reported to one or more of the national credit bureaus.

COMMUNICATION

_____ I understand and agree that I am expected to set up a University email account for use during the time in which I am enrolled at Fontbonne University and that all communication will be sent to this University email.

_____ I understand and agree that I am responsible for keeping Fontbonne University records up to date with my current mailing address, email addresses, and phone numbers. Furthermore, I understand that failure to do so does not absolve me from my financial responsibilities.

Student Printed Name: _____

Student ID #: _____ Student Date of Birth: _____

Student Signature: _____ Date: _____