

**AMBERTON UNIVERSITY
PAYMENT DEFERRAL APPLICATION /AGREEMENT**

Students who can prove financial integrity to the satisfaction of the University may request to defer payment of educational costs. Financial integrity will be determined by a credit check or past history with the University. A \$5.00 processing fee will be charged for each deferral. **A finance charge of 3/4 of 1% will be calculated on all unpaid balances as of the last business day of each month after all postings have been made.**

PLEASE WRITE LEGIBLY & PROVIDE ALL REQUESTED INFORMATION

LAST NAME	FIRST	INITIAL	SOCIAL SECURITY NUMBER		
STREET ADDRESS		CITY	STATE	ZIP	HOME PHONE
EMPLOYER	ADDRESS			WORK PHONE	

PLEASE SELECT ONE OF THE FOLLOWING OPTIONS:

- I. PERSONAL PAYMENTS:** Payments will be made during the session and student's account will be paid in full by the end of the session for which this agreement is completed.
- II. COMPANY REIMBURSEMENT:** Student is responsible for timely payment of account whether or not tuition assistance is received. Written verification, indicating approval, is required by the University.

ACKNOWLEDGMENT OF UNDERSTANDING & AGREEMENT

I give the above information for the purpose of obtaining credit. Everything I stated in this application is correct to the best of my knowledge. You are authorized to check my credit and employment history and to release information about your credit experience with me. You may retain this application whether or not it is approved. I hereby request the payment option indicated in accordance with the terms and conditions set forth in this agreement. I understand and agree that the use of a payment option approved in connection with this application will be subject to and shall constitute acceptance of the terms and conditions of this agreement. I understand if a payment is late, missed or denied, that I will be in default of the agreement and will be prohibited from registering for future sessions until the balance is cleared. I acknowledge I have read this agreement in its entirety (front and back) and agree to all provisions contained therein.

X _____
Student's Signature Date

FOR UNIVERSITY USE ONLY

_____ Approved _____ Denied University Representative: _____ Date _____

AMBERTON UNIVERSITY PAYMENT DEFERRAL AGREEMENT

TERMS USED IN THIS AGREEMENT - As used in this agreement, the words "I", "my" and "me" refer to the person (Amberton University student) signing this application. The word "University" refers to Amberton University. The word "agreement" refers to the Payment Deferral Agreement.

PROMISE TO PAY - I promise to pay the University all amounts due or credit extended under this agreement, together with any finance charges, late fees, and other charges, if any, when due. Periodically, I will receive a statement showing my new balance. I may pay the entire balance in full at any time before the due date without penalty.

DECLINE OF PAYMENT - If a check or credit card given in payment on my account is declined, I understand a fee of \$25.00 will be charged to my account and I must make the payment good when requested to do so or be considered in default of this agreement.

FINANCE CHARGE - I understand a finance charge of 3/4 of 1% will be calculated on all unpaid balances as of the last business day of each month after all credits, charges, and payments have been applied.

REFUNDS - I understand that if I am due a refund for a dropped class but still owe for other courses, the refund will be applied to the total balance due. I understand that if I am due a refund because of withdrawal or overpayment and if a credit card was used in payment of my account, the University will issue a credit to my credit card account. I understand that if I withdraw from a course after the refund date as listed in the University's Schedule of Classes, the balance due will not be reduced, no credit will be given, and I am responsible for any remaining balance due.

CHARGEBACKS - I understand that any credit card chargeback that occurs will be charged to my account and I will pay my balance in full when requested to do so, or be considered in default of this agreement.

INSURANCE - Should I die prior to payment, I understand my debt is forgiven and all my University records remain the property of Amberton University.

SECURITY - My University records will be held as security and no information will be released until final and full payment is made.

DEFAULT - I understand I will be in default if (1) I fail to make payment on time; (2) I break any promise I have made under this or any other agreement with the University; (3) I withdraw or am asked to withdraw from the University; (4) I have given false or misleading information; (5) the University becomes doubtful about my willingness, desire or ability to pay; (6) I fail to inform the University immediately of any change of address or employment. No waiver by the University of any default under this agreement will be deemed to be a waiver of any subsequent default or a continuing waiver.

ACCELERATION - If I am in default, the University may call any amounts I still owe immediately due and payable without notice or demand to me of any kind. I waive presentment, demand, notice of intention to accelerate, and notice of acceleration of the maturity of any amounts owing under this agreement. I also agree to pay all costs of collection, including attorney's fees and court costs.

UNIVERSITY'S RIGHTS UNDER DEFAULT - I understand Amberton University may demand immediate payment of the total balance of this and all accounts I have with the University. I understand Amberton University may immediately withdraw me from the University without my receiving any refund as a result of the withdrawal. I understand and acknowledge that Amberton University may freeze all of my academic records and maintain these records until I have made complete restitution of all my financial obligations to the University. I understand, if in requesting this agreement, I suggested to the University that my company was to assist me in making payment, the University may inform my employer that I am in default. I understand Amberton University has the right to report my account to any major credit-reporting agency or bureau as a "Collect Account."

NON-WAIVER - The University can accept late payment(s) or partial payment(s) or check(s) or money order(s) marked "payment in full" without losing any of its rights under this agreement. The University can also delay enforcing any of its rights under this agreement without losing them.

TERMINATION AND/OR CANCELLATION OF AGREEMENT - The University can cancel or temporarily suspend this agreement by written notice sent to me at the last address shown in University records and such notice shall not affect transactions made before the notice is actually received. If the University should do so, I will pay the balance of my account in full when requested to do so.

ADDITIONAL PROVISIONS - Each provision of the agreement must be considered as part of the total agreement and cannot, in any way, be severed from it; however, I agree that should any part of the agreement be found invalid, it will in no way affect the remainder of the agreement. I also agree that the validity, construction, and enforcement of this agreement shall be governed by the laws of the State of Texas. I agree to all of the terms and conditions of this agreement; I promise to perform all of the obligations, requirements, and duties contained in this agreement, and I acknowledge receipt of a copy of this agreement.