UNIVERSITY OF THE OZARKS | *Office of Administrative Services*

Ozarks Deferred Payment Plan Agreement Form

Student's Name: _____
First Middle Last

Student ID: _____ Semester: _____

Address: _____
Street City State ZIP

Telephone: _____ E-mail: _____

Number of Months: _____ Payment Amount: _____

Terms and Conditions

1. I understand there is a $40 deferment fee with this Plan.
2. I agree to pay my tuition balance under the terms of this Plan. I request this benefit from University of the Ozarks.
3. I agree to pay all my installments on time understanding that this means on or before the due date established.
4. Tuition payments received are first applied against the oldest outstanding amounts.

Late Payment Policy

1. If I miss one month's payment, I will enroll with the Higher One payment plan.
2. **Notice**. After 1 week of account delinquency I will be informed in writing to my University of the Ozarks email. I understand that failure to pay my dues could affect my student status.
3. **Lose eligibility for payment plan.** If I fail to pay my installments on time on more than one occasion, then I will not be eligible for a payment plan the following semester.
4. **Readmission withholding.** If I have an outstanding balance of more than $2,000, then I will not be able to enroll for future classes until I fulfill my obligation and I may risk my student status.

I agree, and have read and understand all the above terms and conditions.

Student Signature: _____ Date: _____

Office Use Only

Payment History ☐ Paid Fees ☐

Student Accounts: _____ Date: _____

Controller: _____ Date: _____