

DEFIANCE COLLEGE

Monthly Payment Plan

Business Office
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Semester Plan Due Dates

Fall	Spring	Summer
August 1st	January 7th	May 1st
September 1st	February 1st	June 1st
October 1st	March 1st	July 1st
November 1st	April 1st	

Credit Card Payments (For debit cards or automatic bank withdrawal, complete the reverse side)

Student Name _____

Student ID _____

A 3% convenience fee is added to all
credit/debit card transactions.

Name of Card Holder _____

Cell Phone _____

Daytime Phone _____

Address _____

Email _____

Credit/Debit Card Number _____

Expiration Date _____

VIN # _____

Max amount to charge per month

\$ _____

I hereby authorize Defiance College to automatically charge the payment amount on my credit/debit card on the 1st day of each month, or the first business day thereafter, and make necessary adjustments for any transaction credited/debited in error. I understand that this authorization will remain in effect until I notify Defiance College in writing to cancel it, giving Defiance College a reasonable opportunity to act upon my request.

Signature of Card Holder _____

Date _____

TERMS & CONDITIONS

1. This entire document presents the Terms and Conditions of the Defiance College Monthly Payment Plan Agreement (the "Payment Plan Agreement").
2. The student is responsible for notifying Defiance College of any changes to his/her contact information (address/telephone/email) as it appears on this Agreement.
3. No interest will be charged during the repayment period. The student may prepay the balance due without penalty at any time.
4. The student may be subject to other Defiance College charges which the student may not pay through the Monthly Payment Plan established by this Agreement (e.g., bookstore charges and fines).
5. **PROCESSING FEES:** A \$25 processing fee is added to the student's first payment.
6. **CONVENIENCE FEES:** A 3.0% convenience fee is added to all debit or credit card payments. A \$1.95 per transaction fee is added to payer initiated e-check payments. The \$1.95 convenience fee is NOT charged to those on the Automatic Bank Withdrawal plan.
7. **DUE DATES:** Student agrees to abide by the semester due dates appearing in the chart on the front of this document.
8. **LATE FEES:** Student accounts are subject to a \$20 late fee if the monthly payment is not received within 10 days of the due date described in the chart. Accounts are subject to a \$45 NSF fee each time a check/debit is returned/dishonored for non-sufficient funds. Changes to automatic payment plans must be made in writing 5 business days prior to the first of the month.
9. **DEFAULT:** If payments are not received within 10 days after the due date, or the student fails to comply with this Agreement, the student will be in default and Defiance College services may be withheld (e.g., grades, transcripts, diploma, class registration) until default is cured and the student's entire balance will immediately become due.
10. If the student withdraws from enrollment, the remaining balance will be adjusted according to federal regulations and the Refund Policy published in the Defiance College Catalogue. Subsequent to such adjustment, the student is responsible for the remaining balance due.
11. If any part of this Payment Plan Agreement is declared unenforceable, the remainder shall be valid and binding.

SIGN AND SUBMIT WITH FIRST PAYMENT

Student Name: _____

Student ID#: _____

Type of payment plan (check one):

- (A) _____ Automatic bank withdrawal
 (B) _____ Automatic charge to credit card *
 (C) _____ Payer initiated payment *

***A 3% convenience fee is added to all credit/debit card payments. A \$1.95 fee is added to all payer initiated e-check payments.**

To complete this portion refer to your billing statement:

1) Enter Semester Balance Due: \$ _____

2) Calculate Monthly Payment*: \$ _____

*Divide line 1 by the number of payments in the plan:
 Fall or Spring semesters = 4 payments
 Summer semester = 3 payments

3) Processing Fee: \$ 25.00

4) First payment (add lines 2 & 3) \$ _____

5) All subsequent payments (line 2) \$ _____

I have read this entire Payment Plan Agreement and I understand and agree to the Terms and Conditions and information presented. If I default on my obligation, fees may be added and the outstanding balance may be placed with a collection agency. I understand collection fees, which may be based on a percentage at a maximum of 33% of the debt, and/or reasonable attorney fees will be added to my balance. I authorize Defiance College and anyone on its behalf to contact me regarding my unpaid balance at any current or future phone number, cellular number, or via other wireless device using automated telephone dialing equipment or artificial or prerecorded voice to text messages. I agree to be bound by this Payment Plan Agreement pursuant to the payment due dates for the payment plan I selected. This Payment Plan Agreement includes and supersedes any previous Payment Plan Agreement with the College.

_____ **Student Signature** (if under 18, parent signs) **Date**

Electronic Fund Transfer Via Checking or Savings Account (credit cards, see reverse side)
 Student Name and Name of Responsible Party _____ Student ID _____

A 3% convenience fee is added to all credit card transactions. No convenience fee is added for automatic bank withdrawal.

Address of Responsible Party _____

Email _____

Daytime Phone _____

Name of Financial Institution _____

Account Number _____

Account type: checking savings

Routing Number _____

Expiration Date _____

VIN# _____

Max amount to charge per month \$ _____

I hereby authorize Defiance College to initiate an entry into my (our) checking/savings account, and make adjustments for any transaction credited/debited in error, at the financial institution indicated. I understand the transactions will take place on the 1st day of each month, or the first business day thereafter. I understand that this authorization will remain in effect until I notify Defiance College in writing to cancel it, giving Defiance College and the financial institution a reasonable opportunity to act upon my request.

Signature of Responsible Party _____

Date _____