

**MISSOURI STATE UNIVERSITY™  
DEFERRED PAYMENT PLAN  
TERMS AND CONDITIONS**

**Miscellaneous Charges.** Miscellaneous charges include all charges assessed or incurred by a company or individual (the Customer) that is not a student or faculty/staff of the University. Some examples of miscellaneous charges at Missouri State University would be long distance telephone charges, food service charges, speech/language/hearing clinic charges, photo service charges, library book charges, library fine charges, standard advertising, radio and television broadcasting service, etc.

These charges are due when billed. A **Finance Charge** will be assessed on the next statement date after a miscellaneous charge is first billed if charge remains unpaid. The **Finance Charge** will be determined by applying a monthly periodic rate of **1%** to the unpaid balance. This is an **Annual Percentage Rate of 12.68%**. The **Annual Percentage Rate** is the cost of your credit as a yearly rate.

**Failure to Pay.** A collection charge of \$5 may be assessed on any balance which is past due for a period of more than 10 days.

Past due amounts may prevent the Customer from participating in the services provided by the University. Failure to pay may result in the company or individual being reported to a collection agency or credit bureau.

**Default.** Each Customer must pay the balance of the account in full upon request if the account becomes past due. Each Customer agrees to pay costs of collecting the account including reasonable attorney's fees and court costs. Each Customer further agrees that the venue for any action to collect the account will be in the Circuit Court of Greene County, Missouri.

**Change in Terms.** The University has the right to change the terms of this Agreement. If the University makes any change, participants will be notified before the effective date of the change, as required by law. Changes to the Agreement may include, but are not limited to, the rate of finance charge, the amount of the minimum finance charge, the method of figuring the balance on which the finance charge is applied, the amount of the monthly payment required, the closing date of the monthly billing period and the length of the billing period. The change will apply to the balance outstanding on the effective date of the change and any account balance after the change, as allowed by law.

**Length of Participation.** Once a Customer signs an agreement to incur charges at the University, they will participate in the terms and conditions set forth in this document until either party cancels the participation.

UNDER THE LAW YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE. YOU ARE ENTITLED TO A SIGNED COPY OF THIS AGREEMENT UPON REQUEST.

**YOUR BILLING RIGHTS  
Keep this notice for further use.**

This notice contains important information about your rights and the University's responsibilities under the Fair Credit Billing Act.

**Notify the University In Case of Errors or Questions About Your Bill**

If you think your bill is wrong, or if you need more information about a transaction on your bill, write to the University at the address listed on your bill as soon as possible. We must hear from you no longer than 60 days after the first bill was sent on which the error or problem appeared. You can telephone the University, but doing so will not preserve your rights.

In your letter, provide the following information:

- Your name and account number.
- The dollar amount of the suspected error.
- Describe the error and explain, if possible, why you believe there is an error. If you need more information, describe the item in question.

You do not have to pay any questioned amount during the investigation process, but you still are obligated to pay the parts of your bill that are not in question. During the investigation, the University cannot report you as delinquent or take any action to collect the amount you question.

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By signing below, I (we) request a Deferred Payment Plan account be opened with Missouri State University. I (we) have read and agree to the terms and conditions of the Deferred Payment Plan.

\_\_\_\_\_  
Name (Company or Individual) (Please type or print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Billing Address

\_\_\_\_\_  
Authorized by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title