WHITE MOUNTAINS COMMUNITY COLLEGE
2020 Riverside Drive, Berlin, NH 03570
www.wmcc.edu
Tel: (603) 752-1113
Fax: (603) 752-6335

DEFERRED PAYMENT AGREEMENT

PLANS: Financial Aid ___
Third Party ___
NELNET Business Solutions ___

I.D. # @_____ NAME: _____

Semester: _____ Amount Deferred: _____

IN SIGNING THIS AGREEMENT, I AM INDICATING MY UNDERSTANDING AND AGREEMENT THAT:

(1) Payment must be made in accordance with the Deferred Payment Agreement Plan outlined above.
(2) If I do not make payment as scheduled above, I will be allowed to finish the course, but I will be unable to receive an official transcript, certificate, professional certificate, or degree.
(3) Furthermore, I will not be able to register for future terms at the college and will be restricted from registering at other CCSNH colleges.
(4) If payment is made, I will be allowed to register for future classes, however, full payment of all tuition and fees for any new classes will be required before the semester/term begins.
(5) If I fail to make a payment as scheduled, I will receive a letter from the Business Office informing me that payment must be made within 14 calendar days. If payment is not made within that timeframe, my account will be referred to the Community College System of New Hampshire (CCSNH) Office for collection. If my account is not cleared up at that point, my account will be turned over to the credit bureau and an outside collection agency. I will be responsible for all collection costs and/or attorney fees associated with that placement.

I understand by registering for courses at WMCC, I am financially obligated for ALL costs related to the registered course(s). Upon a drop or withdrawal, I understand that I will be responsible for all charges as noted in the student catalog and handbook. I further understand that if I do not make payment in full, my account will be reported to a credit bureau and/or turned over to an outside collection agency. I also understand that I will be responsible for the costs of the outside collection agency, any legal fees, and any bounced check fees under RSA 6:11, which will add significant costs to my account balance.

_____ _____
Signature of Student Date Signature of Authorizing Agent Date

PERSONAL INFORMATION: (Please complete the section below)

Address: _____ Date of Birth: _____

_____ Driver's License # _____ State ____
City, State Zip

Home Phone # _____

Place of Employment: _____ Work Phone # _____

Address: _____ City: _____ State: ___ Zip: _____

Parent's Name: _____ Telephone: _____

Parent's Address: _____

Reference: _____ Telephone: _____

Address: _____ Relationship: _____