

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 (formerly: FACTS) ___

I.D. # XXX-XX- ___ NAME: _____

Semester: _____ 20__ 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. Failure to abide by these Plans may result in the termination of my enrollment with the College and will result in the withholding of grades, transcripts and diplomas.
- (2) Any request for a hardship waiver will be made by me in writing and will set out the reasons therefore. The decision thereon shall be the sole discretion of the President of the College. In case of such hardship, payment may be deferred by the President until no later than ten (10) days prior to the first scheduled final exam.
- (3) If my account is unpaid by the eighth week of the semester and arrangements have not been made to clear up my account in arrears, the College shall have the right to "Administratively Withdraw" me for failure of payment. An account that is more than sixty (60) days past due will be referred to the Community College System of New Hampshire Office for collection and may be sent to an outside collection agency and reported to the Credit Bureau.

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 may 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: _____

City, State Zip

Driver's License # _____ State _____

Home Phone # _____

Place of Employment: _____ Work Phone # _____

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

Parent's Name: _____ Telephone: _____

Parent's Address: _____

Reference: _____ Telephone: _____

Address: _____ Relationship: _____