

send the form directly to <u>cashiers@wcsu.edu</u>.

## **REPAYMENT AGREEMENT**

## **BORROWER INFORMATION – PLEASE PRINT**

DOMINOTE		
Student ID#	Student Name	
Address		
City/State/Zip		
Cell Phone No	Home Phone No.	
Work Phone No	Email	
Name of Employer	Sources to Pay	
STATEME	NT OF ACCOUNT	TINFORMATION
Term with Balance:	<u>Balance Due:</u>	Cashier Comment:
<del></del>	<del></del>	<del></del>
Schedule of Payments for Rep	payment Agreement	
First Payment Amount:	Monthly amount due at	t the 15 <sup>th</sup> of each month:
First Payment Due Date:	Cashier's Note:	
attempt to collect this delinquent accounts to closely monitored for payments. If the external collection agency, which will in monthly basis.  I understand and agree to the align of the landerstand that if a payment arising from a loan) I have signed terms of my promissory note.	agreement between the student nt in our office and prevent the state monthly payment is not received acrease the debt by up to 15%. Acrease the debt by up to 15%. Acrease the debt by up to 15% and bove Schedule of Payments. It is not made in a timely manner, the clocked from registration, transcript the Registrar's Office of any address payments whether or not I receivent Agreement does not nullify the	<b>ne original terms of any promissory note</b> (if debt is plan offered due to the fact that I did not honor the
	<del></del>	
Student's Signature	Date Apprick the SUBMIT FORM button.	roved by Date