

CU-COLORADO SPRINGS
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NAME:

LETTER: SPABLK

ADDRESS:

ACCOUNT NUMBER:
(Student ID #)

CURRENT BALANCE:

PAYMENT ARRANGEMENT

I request a payment arrangement on my student debt as referenced above which is held by the University of Colorado.

I agree to provide all paperwork required to determine a reasonable and affordable monthly payment amount.

The payment plan will begin on _____. A payment in the amount of _____ will be due with the submission of this request. A monthly payment of _____ will be due thereafter.

I understand that a complete financial statement is required with this request, and that approval of my request is contingent upon review of my documentation.

I understand that a single late payment will immediately void the agreement and that my account will return to the status that existed prior to the agreement. I further understand that in voiding this agreement I may be assessed penalty charges and that further collection action may be taken on my account which may include the assignment of my account to a commercial collection agency.

I have read, understand, and agree to the terms of this payment agreement as stated above.

Student Signature

Date

FINANCIAL STATEMENT

(Name) (SSN) (School Attended)

(Address) (City) (State) (Zip)

Name of Employer: _____ Work phone number: _____

Marital Status: ___Married ___Single Number of Dependents: _____

Household Monthly Gross Income: _____

Monthly Expenses: (Please include and describe all monthly expenses)

_____ Housing ___Own ___Rent

_____ Utilities (Electric, Gas, Water)

_____ Food

_____ Transportation

_____ Child Care

_____ Other Student Loans-Description: _____

_____ Decription: _____

_____ Decription: _____

_____ Decription: _____

_____ Decription: _____

_____ Decription: _____

_____ Decription: _____

_____ Decription: _____

_____ Decription: _____

_____ Decription: _____

_____ Total Monthly Expenses

I certify that the above statements are true and correct. I understand that upon request I may be asked to validate any item in this statement before I will be granted a payment agreement.

Student Signature

Date

U N I V E R S I T Y O F C O L O R A D O

P R O M I S S O R Y N O T E

RE: CU ACCOUNT #:
BALANCE DUE:

For educational benefits received, I promise to pay to the order of the REGENTS OF THE UNIVERSITY OF COLORADO, a body corporate at Boulder, Colorado, the amount of \$_____, together with interest payable at the annual percentage rate of TWELVE (12%) on the unpaid balance.

Payment of the above debt shall be made as follows:

An initial payment of \$_____ will be due with the submission of this promissory note. Not less than \$_____ will be due monthly on the same day each month beginning _____.

I will not be penalized for early pay off.

In the event that it becomes necessary to enforce the payment of this note, or any part thereof, by action of law, or otherwise, I agree to pay, at the option of the University, any costs of collection allowed by the Uniform Consumer Credit Code, including reasonable attorney's fees not in excess of 15% of the unpaid debt.

I waive presentment for payment and notice of nonpayment. I acknowledge that no extension of the repayment date shall be made.

Date

Signature of Maker