



## Payment Arrangement Terms and Conditions

The agreement below, agreed upon between the University of Wisconsin Oshkosh and myself, the borrower, is an exchange of educational services for payment. Because I am making monthly payments on my past due balance after the initial due date, this debt is considered an educational loan and will be treated as such.

I understand that through this agreement, UWO is extending credit to me to allow me to pay certain past due amounts pursuant to the payment plan detailed below. I agree to make monthly payments on my past due balance. These monthly payments will be agreed upon between the University of Wisconsin Oshkosh and myself. In the event that I default<sup>1</sup> on my agreement, I agree to pay all costs of collection incurred by UWO including but not limited to, collection agency fees, percentage based fees associated with the collection of past due amounts (not to exceed 33%), legal filing fees, service of process fees, publication fees, witness fees, reasonable attorney fees, and recording fees. I understand that failure to meet the terms of this agreement will result in my account being sent to the Wisconsin Department of Revenue or another agency for third party collections.

The University of Wisconsin Oshkosh is a nonprofit institution of higher learning. As such, my obligation will be deemed to be for the sole purpose of financing and education and is not dischargeable in bankruptcy proceedings.

I agree to update new contact information in a timely manner. I authorize UWO and its agents and contractors to contact me at my current and any future cellular phone number(s), email address(es) or wireless device(s) regarding my student account(s), any other debt I owe to the College, or to receive general information from the College. I authorize the College and its agents and contractors to use automated telephone dialing equipment, artificial or pre-recorded voice or text messages, and personal calls and emails, in their efforts to contact me.

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### Contact Information:

Name: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

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<sup>1</sup> Default: Failing to meet the payment obligations set out in this agreement for 90 consecutive days.

Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

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**Payment Information:**

Student ID Number or Last 4 of SSN: \_\_\_\_\_

Monthly Payment Amount Requested \$ \_\_\_\_\_

Please use the space below to explain any extenuating circumstances (required):

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I certify that all statements made are true and correct. I also certify that I will immediately notify UW Oshkosh of any change in my employment status or significant change in my financial situation. I authorize a representative of the Lending Institution to obtain pertinent information from applicable parties for verification purposes.

Student/Borrower Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (If borrower is under 18): \_\_\_\_\_ Date: \_\_\_\_\_

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For Office Use Only:

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Reason for denial: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please email this document to Rachel Grose at [groser@uwosh.edu](mailto:groser@uwosh.edu). If you have any questions or concerns, please contact Rachel Grose in the Collection's Office at (920)424-1336 or [groser@uwosh.edu](mailto:groser@uwosh.edu)*