



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. I am requesting to make reduced monthly payments on my past due loan balance.

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 default¹ 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.

Contact Information:

Name: _____

Current Mailing Address: _____

Phone Number: _____

Email Address: _____

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

Check All That Apply:

- I am unemployed
- I have been granted Economic Hardship for a Federal Direct Student Loan (Indicate dates of hardship period: _____)
- I am receiving payments under Federal or State public assistance (AFDC, SSI, Food Stamps, State-sponsored General Assistance...etc) *Attach supporting documents.*
- I am able to make interest payments throughout any forbearance granted (*for nursing loans only*)

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):

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: _____

For Office Use Only:

Approved _____ Denied _____

Reason for denial: _____

Signature: _____

Please email the completed form to Rachel Grose at 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