

WEST LIBERTY UNIVERSITY

208 UNIVERSITY DRIVE
COLLEGE UNION BOX 109
WEST LIBERTY, WV 26074

(304) 336-8013
(304) 336-8944

Responsible Party:

Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Telephone #: _____

FOR VALUE RECEIVED FROM, _____, Student ID # _____, promises to pay West Liberty University or order the **principal sum** of \$ _____. Payments shall be made in accordance with the payment schedule below. This agreement must be signed and returned with 1st installment in order to set up the payment schedule on your account. A \$30 application fee applies to the Five-Month Payment Plan.

Payment Schedule:

Date: 08/15/12: _____	Amount: \$ _____
Date: 09/15/12: _____	Amount: \$ _____
Date: 10/15/12: _____	Amount: \$ _____
Date: 11/15/12: _____	Amount: \$ _____
Date: 12/15/12: _____	Amount: \$ _____

Any additional charges added to the account after said payment arrangement are over and above the amount of this note and are **due and payable immediately**.

If payment is received **ten** days or more after the due date, the **late** payment fee of \$5 will assessed to the account (applies **only** to the Five-Month Payment Plan). In the event of a participants failure to pay any installment within 30-days of due date, an \$80 late payment fee will be assessed on any open tuition balance and the payment plan will be terminated (applies to the Five-Month Payment Plan).

All parties hereto, including Maker and any endorsers, and/or guarantors hereby waive presentment and all demands and notices in connection with the delivery, acceptance, performance and enforcement of this Note. Should payment not be received when due or in the event of default, the entire balance will become due and payable and a hold will be placed upon the student account, which will prohibit registration, grades and transcripts and may be subject to the collections process.

Unless and until written notice to the contrary is given by Holder, all payments hereunder shall be sent to: **West Liberty University, 208 University Drive, College Union Box 109, West Liberty, WV 26074. Please make checks payable to WLU and include the Student ID # on the payment.**

Maker/Borrower _____ Date _____

Business Office Representative _____ Date _____