

**PAYMENT AGREEMENT AND DISCLOSURE STATEMENT**  
**Carroll College – Helena, MT**



**This form must be signed and returned to the Business Office prior to attending classes at Carroll College.**

At Carroll College, the payment of tuition and fees becomes an obligation at the time of registration. This contract documents the undersigned's agreement to pay all tuition and associated fees for any semester in which the undersigned student registers for courses. Please read the following terms and conditions carefully. If you have any questions, please contact the Business Office at 406-447-5419.

The undersigned agrees to pay his/her obligations to Carroll College (hereinafter referred to as "the College") in accordance with the following:

**TERMS OF AGREEMENT:** This Agreement will continue for as long as I am enrolled at Carroll College or any obligation remains unpaid in whole or in part.

**PROMISE TO PAY:** I understand and agree that I will pay tuition, room, board, course fees, activity fees, and other fees and charges incurred by me as a student at the College.

**PAYMENT OPTIONS:**

- **Semester Payments:** I will pay all fees owing by August 1 of the current year for fall semester and January 1 for spring semester. I will pay any charges incurred during the term by the due date indicated on the billing by the College.
- **Five-Month Payment Plan:** I understand that I have the option to sign a Five-Month Payment Plan Agreement. I am bound by the terms of this Agreement, as well as the terms of the Five-Month Payment Plan Agreement, except where the terms of the two agreements conflict, in which case the terms of the Five-Month Payment Plan Agreement will control. See the Five-Month Payment Plan Agreement for additional terms and conditions.

**LATE PAYMENT FEE:** I understand that a \$100 late charge will be added to my account if payment in full is not received by August 1 for fall semester and January 1 for spring semester, unless I have signed a Five-Month Payment Plan Agreement prior to the full payment due date for each semester.

**RETURNED PAYMENTS:** I understand that a service charge of up to \$30.00 will be assessed for any payment returned.

**FINANCIAL AID:** I authorize the College to use any financial aid received for payment toward tuition, room, board, fees and books.

**PREPAYMENT:** I may prepay any amounts at any time without a prepayment penalty. However, partial prepayment will not excuse me from making the full amount of each payment on schedule until my account is paid in full.

**TELEPHONE AUTHORIZATION:** I authorize the College and their respective agents and contractors to contact me regarding my tuition account at the current or any future number that I provide to the College for my cellular phone or other wireless device using automated telephone dialing equipment or artificial or pre-recorded voice or text messages. I understand that I will be responsible for charges that may result from such communication to a wireless phone number.

**WITHDRAWAL:** I understand that, if I withdraw from Carroll College after the published refund dates, I remain liable for tuition and fee charges remaining after Federal Aid has been adjusted per guidelines placed on Title IV funds by the Department of Education. This includes unofficial withdrawals for students who earn all F's on their semester transcript.

**DEFAULT/COLLECTION REMEDIES:** I will be in default if I fail to make payments when due under this agreement (including failure to make payments due to insufficient funds in an account upon which my payment was drawn or failure to make scheduled payments on a Five-Month Payment Plan Agreement). I understand that failure to pay will result in the following: 1) I will continue to attend classes but I will not be able to receive formal grade reports or transcripts; 2) I will not be able to register for subsequent terms; 3) My campus housing and meal plans may be affected; 4) My access to Carroll's computer network may be denied; 5) I will not receive a diploma if I graduate; 6) My debt may be referred to a collection agency; and 7) My repayment history may be referred to a credit bureau. In the event of default, I will reimburse Carroll College the fees of any collection agency, which may be based upon a percentage at a maximum of 33.3% of the debt, and all costs and expenses the College incurs in such collection efforts, including reasonable attorney fees.

**BANKRUPTCY:** The College is a nonprofit institution of higher learning. As such, my obligation will be deemed to be for the sole purpose of financing an education and is not dischargeable in bankruptcy proceedings.

**NOTICE OF CHANGES:** I will notify the College immediately of any change in my address. The College reserves the right to modify the terms and conditions of this agreement at any time by notifying me in advance.

**INQUIRIES REGARDING BILLING ASSESSMENTS:** If I believe information on my billing statement is incorrect, I must notify the Carroll College, Business Office, 1601 N Benton Ave., Helena, MT 59625 in writing or by phone (406-447-5419) within 60 days of the notice detailing the information believed to be incorrect.

**GOVERNING LAW:** This agreement shall be subject to the laws of the State of Montana. Any dispute arising under this agreement shall be venued in the First Judicial District Court in Lewis & Clark County, Montana.

**STUDENT:** By signing this agreement, I agree that I have received and read a copy of this agreement before signing it. I agree to all of its terms and to be bound thereby.

**PARENT OR GUARDIAN (must sign if under 18):** By signing this agreement, the co-signor named below agrees to pay all amounts due under this agreement. The co-signor has read and received a copy of this agreement and agrees to all its terms and to be bound thereby.

Student Name: \_\_\_\_\_  
 Student ID #: \_\_\_\_\_  
 Student Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 DOB: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

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