INTERNAL USE ONLY:

Forward to CSA

(Wiley Hall)



Academic Year 2014-15

I,, acknowledge ti	nat registration for courses at Emory & Henry
College, and the acceptance of a room and/or meal plan,	
board charges, and all other associated costs. I accept full	l financial responsibility for each charge. I
further understand and agree that my account may be re	ferred to a collection agency if I fail to pay my
account in full before the first day of classes each semest	er. I agree to reimburse Emory & Henry College
the fees of any collection agency, which may be based on	a percentage at a maximum of 33% of the
debt, and all costs and expenses, including reasonable att	corney's fees, the college incurs in such
collection efforts. I also acknowledge that if my account $\bar{\imath}$	is not paid in full by the first day of classes each
semester, I will be charged a \$500 late payment fee. In ac	dition, in accordance with the Emory & Henry
Academic Catalog, I understand that my diploma, transcri	ipts, and/or grades, as applicable, will be held
until Emory & Henry College receives full payment. I also understand that my account may be reported	
to major credit bureaus for nonpayment. I acknowledge that failure to comply with the payment	
obligation will result in the application of a FINANCE CHARGE to the unpaid account balance. The	
FINANCE CHARGE will be applied at the monthly periodic rate of 1% (ANNUAL PERCENTAGE RATE OF	
12%).	
By signing below, I agree to pay Emory & Henry College a	ll applicable charges, as outlined above.
Student ID # Birthdate	
Print – Student's Name	
Permanent Billing Address	
Cell Phone Number	
Student Signature	Date
Parent Signature	
(Parent Signature is required if the student is under the age of 18.)	