



Student ID or Social Security Number

I, _____, agree to make payments to Terra State Community College for the _____ semester outstanding balance of \$ _____ on my account.

My payment arrangement is:

\$ _____ per month starting on _____ (to begin no later than 30 days after notification of balance due).

(\$ amount)

(date)

- I understand the college will not send me monthly statements to remind me of my payments.
- I understand registration will be denied until outstanding balance is below \$500.00.
- I understand no grades, transcripts, diplomas shall be released until payment is made in full.
- I understand that if I do not keep with my stated payment arrangement, the balance of my account will be turned over to the *State of Ohio, Office of the Attorney General, Collections Enforcement.*

Student Signature and Date

revised 121614

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