



Past Due Payment Arrangement (PDA)

For Student ID:

T _____

I, _____ agree to make payments to Terra State Community College for the outstanding balance of \$ _____ on my account. Listed below is the amount owed per term.

Term	Amount
Total Owed to Terra:	\$

Per my conversation with _____ on _____. I agree to the following payment schedule. I agree to pay \$ _____ per month starting in _____. After my initial payment on _____, the remainder of the payments will be due on the ____ of the month. Payments can be made in person at the cashier's office, via phone, mail, or online via TouchNet. To access TouchNet use the **QR** code at the bottom of this page and your Terra Banner login information.

Date	Amount
	\$
Total Payment:	

- I understand registration will be denied until outstanding balance is below **\$200.00**.
- I understand NO diplomas shall be released until payment is made in full.
- I understand that if I do not keep 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**, at which time future registration(s) will be denied.

Student Signature

Date

2830 Napoleon Road Fremont OH 43420-9600

Cashiers' Office: 419-559-2329 / FAX: 419-334-9828 / Email: cashier@terra.edu

