

Promissory Note

Student Name: _____ Social Security Number: _____

I promise to pay Barnard College ("College") the amount set forth in my payment plan with Tuition Management Systems (TMS), in accordance with the schedule set forth with TMS. The amount represents tuition, fees, and other charges incurred as a result of my/my daughter's attendance at the College. I am responsible for making these payments on the due date. I will include my name and TMS account number on all payments and correspondence. I will inform both the College and TMS of any change in my name, address or telephone number.

DEFAULT: Default is defined as failure to remit payment amounts by due dates.

- a) In the case of default, at its option, the College may demand immediate payment of the entire unpaid balance, including any interest, fees, or late charges due, without prior notice.
- b) I understand that if I default on my payments, the College may disclose that I have defaulted, along with other relevant information to credit reporting agencies.
- c) I understand that the College may assess a late charge if I fail to make a payment by the due date. The amount of the late charge will be based on the charge rate in effect at the time the payment became delinquent.
- d) I understand that in the case of default, the College may refer any outstanding balance to a collection agency or it may litigate to ensure payment. I agree to pay the cost of collection including, without limitation, interest, penalties, late charges, collection agency costs, court costs, and attorney fees. Collection costs can be up to 50 percent. This agreement applies to any and all delinquent amounts now due to the College and to those which I may incur in the future.
- e) I understand that no transcript, diploma, or certification of degree will be provided by the College until the balance has been resolved in full.
- f) The foregoing are not the exclusive remedies of the College.

I/We have read, understand, and agree to the terms set forth herein, including any necessary collection of defaulted amounts as described above.

Signature of Payer Required

Name of Payer (Printed)

Date _____

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BARNARD COLLEGE



2006-2007

If enrolling in the Interest-Free Monthly Payment Option, you **MUST** sign the reverse side of this card and mail it to:

**Tuition Management Systems
P.O. Box 842722
Boston, MA 02284-2722**

BARNARD COLLEGE



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