



**PAYMENT AGREEMENT**

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student ID Number

I acknowledge that I owe Pellissippi State Community College for the following:

- Library Charges
- Overpayment of Financial Aid
- Parking Violation
- Returned Checks
- Telecourse Charges
- Other \_\_\_\_\_

I agree to repay the amount of \_\_\_\_\_ from \_\_\_\_\_  
Total Amount Due Term/Semester

My payments will be a minimum of \_\_\_\_\_ per month, with my  
Payment Amount

first payment due by the end of \_\_\_\_\_  
Month/Year

I understand that my account will remain on hold, which means I will be unable to receive grades for the current semester and will not be able to register for any future classes until the aforementioned amount is paid-in-full.

I also understand and agree that if I miss a payment and do not contact Pellissippi State at 865-694-6613, the balance of my account will immediately be submitted to an outside collection agency for further collection. If my account is submitted to a collection agency I also agree and understand that I will be responsible for all collection costs acquired.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved by

\_\_\_\_\_  
Date