



PAYMENT AGREEMENT

Student Name

Student ID Number

I acknowledge that I owe Pellissippi State Technical 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