

# PROMISE TO PAY AGREEMENT

Student Name: \_\_\_\_\_ UT Student ID: \_\_\_\_\_

By signing this Agreement I acknowledge and reaffirm my outstanding debt pertaining to fees/fines of \$ \_\_\_\_\_ with the University of Tennessee as of \_\_\_\_\_.

By signing this agreement I agree to pay my outstanding debt according to the following schedule, terms and conditions:

1. I agree and accept responsibility for monthly payments of at least \$ \_\_\_\_\_. Payments are due before the 1<sup>st</sup> Friday of each month and will continue until the account is paid in full.
2. I understand all payments are to be made payable to The University of Tennessee and mailed to: The University of Tennessee, Office of the Bursar, 211 Student Services Bldg, Knoxville, TN 37996-0225.
3. I understand it is my responsibility to notify the Bursar's Office of any address, phone, name, or email changes. Notification must be promptly made to Dayna Tampas at [studentaccounts@utk.edu](mailto:studentaccounts@utk.edu) , phone 865/974-2896 or by mail to Bursar's Office, 211 Student Services Bldg, Knoxville TN 37996-0225.
4. I understand any payment returned by my banking institution for "Insufficient Funds", "Stop Payment", "Account Closed" or any other reason will immediately cause the account to become delinquent and thereafter placed in a collection status which may include referral to a collection agency;
5. I understand that I may make additional payments beyond the agreed monthly payment at any time; however, I am still responsible for continuing to make the minimum monthly payment;
6. I understand I will not be able to register for classes at the University of Tennessee or receive a transcript until this debt is paid in full.
7. I further understand and agree that if I do not follow through with any portions of the above- stated schedule of payments, terms and conditions, and/or if any installment is delinquent beyond ten (10) days, this account, at the sole option of The University of Tennessee, may be declared immediately due and payable in full. I promise to pay all attorney fees and other reasonable collection costs and charges necessary for the collection of any amount not paid when due. I understand that, if my account is referred to a collection agency, the collection fee is ordinarily thirty-three and one-third percent (33 1/3%) of the total outstanding balance due, for which I will be responsible in addition to the principal debt due and payable.

I have carefully and completely read this agreement and fully understand the purpose, intent and effect of this agreement. I have voluntarily executed the agreement by action of my own free will.

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

Address \_\_\_\_\_

Home No. \_\_\_\_\_ Cell No. \_\_\_\_\_ Work No. \_\_\_\_\_

Email Address \_\_\_\_\_