

DEFERRED PAYMENT NOTE

(PRINT) _____
LAST NAME FIRST NAME MI

I elect to defer \$1500.00 of my housing or meal plan until October 1, for Fall Semester, or March 1, for Spring Semester. I agree to pay a \$25.00 late fee if payment is not received by this due date. I also recognize that if a collection agency and/or attorney are required in order to collect the unpaid balance, I am responsible for payment of fees charged by the collection agency or attorney. In the event of nonpayment, the University may disclose the information to credit bureau organizations.

Note: This option available only to students living in University Housing or enrolled in a meal plan.

Signature _____ CUID _____ DATE _____

PRINT AND MAIL FORM TO ADDRESS BELOW
University Revenue & Receivables
G08 Sikes Hall
Box 345307
Clemson, South Carolina 29634-5307