

ACAD YEAR 2008

TERM 1084

UNIVERSITY OF WISCONSIN COLLEGES
PARTIAL PAYMENT PLAN & APPLICATION

STUDENT ID _____

NAME _____ SOCIAL SECURITY NO. _____-_____-_____

STREET _____ AGE _____ BIRTHDATE _____

CITY _____ STATE _____ ZIP _____ PHONE (_____) _____

- 1. I understand that I must apply all financial aid to my fees until all fees are paid in full and then any remaining aid will be disbursed directly to me.
2. I understand that I must be enrolled in at least 3 credits to be eligible for the partial payment plan.
3. I understand that credit will not be extended to me under this agreement unless I make a minimum down payment of \$200 at the time the Partial Payment Plan & Application form is completed and signed, on or before February 8, 2008.
4. I understand that a late payment fee will be assessed for each installment not made according to the terms of this agreement.
5. I understand that failure to pay the last installment by the due date may result in my registration being canceled without further advance notice.
6. I understand that any charges arising out of obligations incurred during the term of this agreement will be subject to the stated finance charge on the unpaid balance until the end of the semester, starting on the first class day of the ninth week of the semester.
7. I understand that other fees listed in the fee schedule may be assessed if applicable and that all fees will be subject to the stated finance charge if unpaid.
8. I understand credit will not be extended to me under this agreement unless I complete the Marital Property Act Form below.
9. I understand the Partial Payment Plan is a privilege and it may be denied based on a past history of non-compliance with University payment requirements.

In addition to the \$200 downpayment mentioned above, I further agree:

- 10. To pay a \$10 enrollment fee (non-refundable) per semester for participating in the Partial Payment Plan.
11. To pay the first installment on or before March 7, 2008. This payment will equal 50% of the New Balance. (New Balance equals the total balance less the down payment.)
12. To pay the final installment payment on or before April 4, 2008. This payment will equal the remaining amount of all fees and/or items charged to my account.
13. All payments must be received by the Business Office by the close of business (Business Office or Web Payment access hours) on the designated due dates.
14. To pay a \$25 late installment fee for each installment payment paid after the close of business (Business Office or Web Payment access hours) on the designated due dates.
15. To pay a Finance Charge at an Annual Percentage Rate of 15% (1.25% monthly periodic rate) assessed on the Balance Subject to Finance Charge** starting on April 5, 2008.
**The Balance Subject to Finance Charge is computed by subtracting all payments or credits received on or before April 4, 2008, and each 30 days thereafter (until the end of the semester), from any new billing charges plus any previous balance outstanding.
16. I may pay the remaining balance or more than the minimum payment at any time to avoid or reduce future finance charges.
17. UW Colleges may make changes in the terms of this agreement by notifying me in writing of such changes 15 days prior to their effective dates. Any such changes shall apply to future credit transactions only.
18. If I fail to pay any two minimum payments when due during any twelve month period, the UW Colleges may give me written notice that I am in default and that my entire balance is due and payable. I then have fifteen (15) days to cure this default by paying this past due amount plus any finance charges.
19. If my account goes into default, I agree to pay all attorney fees and collection costs associated with the collection of past due amounts.

NOTE: The Partial Payment Plan will not be activated until you return this signed agreement to the Business Office and you have paid the \$200 down payment. Our main source of contact will be through campus e-mail.

I have read both sides of this document and agree to comply with this Partial Payment Plan.
I certify the information given on this application is true and correct to the best of my knowledge.

Signature of Student

Date

Signature of Co-Signer

Date

(Required if student is less than 18 years of age)

WISCONSIN MARITAL PROPERTY ACT FORM

Dear Partial Payment Plan Applicant:

The Wisconsin Marital Property Act, effective 1/1/86, requires you to provide the information requested below. Your credit application will not be processed without it.

1) Marital Status: () Married () Single () Legally Separated Date of Decree _____

2) If married: Spouse's Name _____
Street _____
City _____ State _____ Zip _____

3) Notice To Married Applicants: No provision of marital property agreement, a unilateral statement under s. 766-59 Wisconsin Statutes, or a court decree under s. 766-70 Wisconsin Statutes, adversely affects the interest of the Lender or Grantor of Credit unless the Lender or Grantor of Credit prior to the time credit is granted is furnished a copy of the agreement, statement, or decree or has actual knowledge of the adverse provision when the obligation to the Lender or Grantor of Credit is incurred.

Separate Statement of Nature of Credit Obligation: The credit obligation for which I am applying will be incurred in the interest of my marriage or family.

Signature of Student (If Married)

CREDIT NOTICE TO SPOUSE

We recently extended credit to your spouse on this document. Pursuant to s.766.56, Wisconsin Statutes, the Wisconsin Marital Property Act, you are being notified of this extension of credit. This is a copy of the note evidencing the obligation created by this extension of credit.

USE OF SOCIAL SECURITY NUMBER

The authority for requesting and using your social security number here is found in 20 U.S.C. section 1232 g.

Disclosure of the social security number is voluntary; however, failure to provide the number may result in default of the application or service sought.

The social security number will be used for identification purposes, and may be used for any and all necessary and usual billing and collection efforts up to and including disclosure to federal, state or local agencies, to private parties such as relatives, present and former employers, business and personal associates, to guarantee contractors in order to verify your identity, to determine program eligibility and benefits, to remit servicing or collecting of the debt, to enforce the conditions or terms of the debt, to counsel you in repayment efforts, to investigate possible fraud and to verify compliance with any relevant program regulations, and/or to locate you in the event you become delinquent in the repayment of the debt.

IMPORTANT INFORMATION FOR STUDENT

ANY HOLDER OF THIS CONSUMER CREDIT CONTRACT IS SUBJECT TO ALL CLAIMS AND DEFENSES WHICH THE DEBTOR COULD ASSERT AGAINST THE SELLER OF GOODS OR SERVICES OBTAINED PURSUANT HERETO OR WITH THE PROCEEDS HEREOF. RECOVERY HEREUNDER BY THE DEBTOR SHALL NOT EXCEED AMOUNTS PAID BY THE DEBTOR HEREUNDER.

Notice is given that the UW Colleges' Business Office may place a **HOLD** on the maker's records on the day after the due date of the final installment payment if there is any unpaid principal balance. A **HOLD** will prevent the following semester's registration and any generation of transcripts.

YOUR RIGHTS TO DISPUTE BILLING ERRORS

(Keep this notice for future use.)

This notice contains important information about your rights and our responsibilities under the Fair Credit Billing Act.

Notify Us In Case Of Errors Or Questions About Your Bill

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us on a separate sheet (at the address listed on your bill). In order to protect your rights, we must receive your letter no later than 60 days after we sent you the first bill on which the error or problem appeared. You can telephone us but doing so will not preserve your rights.

In your letter, provide us with the following information:

- ** Your name and your account number
- ** The dollar amount of the suspected error;
- ** Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

Your Rights and our Responsibilities After We Receive Your Written Notice

We must acknowledge your letter within 30 days, unless we have corrected the error by then. Within 90 days, we must either correct the error or explain why we believe the bill was correct.

After we receive your letter, we cannot try to collect any amount you question or report you as delinquent. We can continue to bill you for the amount in question, including finance charges, and we can apply any unpaid amount against your credit limit. You do not have to pay any questioned amount while we are investigating, but you are still obligated to pay the parts of your bill that are not in question.

If we find that we made a mistake on your bill, you will not have to pay any finance charges related to any questioned amount.

If we did not make a mistake, you may have to pay finance charges, and you will have to make up any missed payments on the questioned amount. In either case, we will send you a statement of the amount you owe and the date that it is due.

If you fail to pay the amount that we think you owe, we may report you as delinquent. However, if our explanation does not satisfy you and you write us within 10 days telling us that you still refuse to pay, we must tell anyone we report you to that you have a question about your bill. And, we must tell you the name of anyone we report you to. When the matter has been settled between us, we must tell everyone we previously reported you to.

If we don't follow these rules, we cannot collect the first \$50 of the questioned amount, even if your bill was correct.