

NIAGARA UNIVERSITY

PROMISSORY NOTE FOR INDEBTEDNESS DUE NIAGARA UNIVERSITY

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| NAME | STUDENT No. |
| ADDRESS: | SOCIAL SEC.No |
| | TELEPHONE No. |
| EMAIL: | CELL PHONE |

I, _____ ON THIS DATE DO ACKNOWLEDGE OWING NIAGARA UNIVERSITY \$ _____. THE AMOUNT IS PROPERLY DUE THE UNIVERSITY FOR TUITION, ROOM, BOARD OR FEES INCURRED DURING ANY OF THE SEMESTERS I ATTENDED NIAGARA UNIVERSITY AND I PROMISE TO PAY NIAGARA UNIVERSITY IN ACCORDANCE WITH THE FOLLOWING SCHEDULE, WITHOUT INTEREST:

PAYMENT OPTIONS:

- I WILL BE MAKING MONTH PAYMENT OF AT LEAST \$ _____ A MONTH BEGINNING _____ UNTIL MY OUTSTANDING BALANCE WITH NIAGARA UNIVERSITY HAS BEEN PAID IN FULL.
- I, authorize Niagara University to charge my _____ (Visa, MasterCard or Discover) \$ _____ each month beginning _____ to be applied towards my outstanding student account balance. I understand that I will still receive a statement each month but will not have to submit payment unless the credit card information changes.

Credit Card # _____ / _____ / _____ Exp. Date _____ / _____

IN THE EVENT THAT I DEFAULT ON ANY AMOUNT INCLUDED IN THE ABOVE SCHEDULE, THE ENTIRE AMOUNT BECOMES DUE AND PAYABLE ON THAT DATE. I FURTHER AGREE THAT IF ANY LEGAL OR COLLECTION FEES ARE INCURRED BY THE UNIVERSITY AS A RESULT OF MY DEFAULT, SUCH AMOUNTS WILL BE ADDED TO THE ABOVE ACKNOWLEDGED DEBT. VENUE FOR ANY DISPUTE SHALL BE NIAGARA COUNTY UNLESS OTHERWISE DESIGNATED BY THE UNIVERSITY.

STUDENT _____ /s/ WITNESS _____
DATE _____