



**CONTINUOUS DEFERRED PAYMENT PLAN
BUSINESS SERVICES, MISSOULA MT (406) 243-2223
LOAN DISCLOSURE & CONFIDENTIAL INFORMATION**

The Deferred Payment Plan is available to students who need to pay tuition, mandatory fees, room and board in four payments. This is a loan for a deferred portion of your tuition, mandatory fees, room and board that must be repaid. The plans are automatically renewed. **I understand it is my responsibility to notify Business Services if I want to discontinue use of the Continuous Deferred Payment Plan.**

There is a \$30.00 administrative fee charged to each borrower each term the plan is used. This is payable with each term's initial payment. Allowable fees for the Deferred Payment Plan are: tuition, mandatory fees, room and board less all financial aid and waivers received. Charges not allowed on the Deferred Payment Plan include but are not limited to: special fees (forestry, music, art, late registration, orientation fee, etc.), any past due balances, previous term balances, health insurance or charges incurred after the creation of this agreement. Students receiving grants, student loans or financial aid equal to or more than the allowable charges are not eligible for the Deferred Payment Plan. A student must pay the initial amount due as stated on their registration bill and make the scheduled payments by the dates noted below for each term. The balance deferred is payable as follows in four equal payments:

Fall Semester 2016: October 1, November 1, and December 1, 2016

Spring Semester 2017: March 1, April 1, and May 1, 2017

PAYMENTS MUST BE MADE ON OR BEFORE THE DUE DATES. THE STUDENT WILL NOT RECEIVE A SEPARATE BILL FOR PAYMENTS DUE. PAYMENTS NOT MADE BY THE SCHEDULED DATES WILL RESULT IN CANCELLATION OF YOUR GRIZ CARD AND A \$15.00 LATE FEE PER DUE DATE. A 10% APR (.834%PER MONTH) INTEREST CHARGE WILL BE ASSESSED ON BALANCES NOT PAID BY THE DUE DATES NOTED ABOVE. FAILURE TO MAKE PAYMENTS BY THE DUE DATES MAY RESULT IN LOSS OF USE OF THE CONTINUOUS DEFERRED PAYMENT PLAN IN THE FUTURE.

Once the promissory note is signed the Autumn and Spring registration bills will be subject to payment under the terms of this Deferred Payment Plan UNLESS one of the following conditions exists:

1. The student positively elects to no longer participate on the plan by contacting Business Services at 406-243-2223 and must do so prior to making the initial payment for the term.
2. The student's financial aid exceeds allowable tuition, mandatory fees, room and board.
3. The University considers the student ineligible.

The Deferred Payment Plan is subject to the same collection procedures as governs all loan funds at the University of Montana (transcript holds, diploma holds, MT State Offset, referral to a collection agency or necessary legal action). If a student withdraws or does not complete the semester, the payment(s) are still due and payable to the University of Montana. Any refunds (withdrawals, credit drops, etc.) will be applied to a student's outstanding balance. Any financial aid received after registration is paid must first be applied to the Deferred Payment Plan balance.

Default: After any payment has remained unpaid in whole or in part after the due date, UM may, at its option, do any or all of the following until payment is made in full under all of the provisions of this agreement:

- a) Cancellation of current semester enrollment.
- b) Deny access to student records and processing of transcripts, diplomas, or registration.
- c) Deny access to any and all of UM facilities or services regardless of their relationship to the fees or charges deferred. Services denied include: Meal plan, Griz card, Campus Rec, Dorm/housing privileges, Daycare, Curry Health Center.
- d) Initiate collection proceedings on the unpaid principal and allowed interest thereon, as well as reimbursement of the fees of any collection agency, which may be based on a percentage of the debt, and all costs and expenses, including reasonable attorney fees, we incur in such collection efforts. If the balance is referred for collection, the account may be reported on your credit as a collection item.
- e) I authorize the school, the department, and their respective agents and contractors to contact me regarding my account, including repayment of my loan(s), student account and any other expenses or charges, at the current or any future number either provided or acquired for my personal phone(s) including but not limited to a cellular phone or other wireless device using automated telephone dialing equipment or artificial or pre-recorded voice or text messages.

If you have any questions, please call (406) 243-2223. Payments may be made on-line at: <http://cyberbear.umt.edu> or mailed to the UNIVERSITY OF MONTANA, BUSINESS SERVICES, MISSOULA, MT 59812.

I UNDERSTAND AND ACCEPT ALL OF MY RIGHTS AND RESPONSIBILITIES. (Important Note: You will now continue on with the Disclosure/Confidential Information part of the process. Please have complete addresses, home and day phone numbers and employer information for parents/guardians and two non-student references (If required for approval)

PROMISSORY NOTE
Continuous Deferred Payment Plan
The University of Montana, Missoula, Montana

I, Daniel Joseph Savage, hereinafter called the Maker, do promise to pay to the University of Montana - Missoula, hereinafter called UM, the amounts by the due dates stated on each semester's registration bill and the amount of services purchased and miscellaneous charges incurred and charged to my account, plus all attorney's fees and other costs and charges necessary for the collection of any amount not paid when due. Charges incurred after registration is paid are due and payable as billed and are subject to the terms of this Note. I do further understand and agree to comply with the TERMS AND CONDITIONS hereafter stated. UM may make changes in the future in the terms of my account by written notification to me prior to the effective dates. I agree to pay a \$30.00 administrative fee for each semester that I use the Deferred Payment Plan. I understand it is my responsibility to notify Business Services if I want to discontinue use of the Deferred Payment Plan. I understand I must do so prior to making my initial registration payment for the term. **I promise to pay any costs or fees incurred by the Lending Institution in the collection of this note, including any costs or fees incurred if my account is referred to a collection agency contracted by UM. I promise to pay any and all actual court costs and legal fees incurred by UM, or collection agencies contracted by UM, in the collection of this note.**

TERMS AND CONDITIONS: Payments not received by the due date will result in a \$15.00 late fee per due date. A 10% APR (.834% per month) interest charge will be assessed on balances not paid by deferred payment due dates.

1. **Deferrable Fees:** No fees may be deferred by any person who owes to UM or who previously deferred fees and failed to make timely payments. I understand I may defer only eligible tuition, residence halls and food service charges, NET of financial aid sources. The plan is available only for fall and spring semesters. **Any financial aid received after registration is paid must be applied to the Deferred Payment Plan until it is satisfied in full.**
2. **Withdrawal:** *WITHDRAWAL* from school, at the Maker's option, or *DISMISSAL* from school for cause at UM's option, does not alter in any way the terms or conditions of this note.
3. **Right of Offset:** UM may apply any portion of any amount owed by UM to the Maker for any reason, including wages, refunds for dropped credits or withdrawal, as payment of all or part of any balance of the Promissory Note.
4. **Change of Address:** The Maker is responsible for notifying UM Business Services in writing of any change in the Maker's address.
5. **Default:** After any payment has remained unpaid in whole or in part after the due date, UM may, at its option, do any or all of the following until payment is made in full under all of the provisions of this agreement:
 - a) Cancellation of current semester enrollment.
 - b) Deny access to student records and processing of transcripts, diplomas, or registration.
 - c) Deny access to any and all of UM facilities or services regardless of their relationship to the fees or charges deferred. Services denied include: Meal plan, Griz card, Campus Rec, Dorm/housing privileges, Daycare, Curry Health Center.
 - d) Initiate collection proceedings on the unpaid principal and allowed interest thereon, as well as reimbursement of the fees of any collection agency, which may be based on a percentage of the debt, and all costs and expenses, including reasonable attorney fees, we incur in such collection efforts. If the balance is referred for collection, the account may be reported on your credit as a collection item.
 - e) I authorize the school, the department, and their respective agents and contractors to contact me regarding my account, including repayment of my loan(s), student account and any other expenses or charges, at the current or any future number either provided or acquired for my personal phone(s) including but not limited to a cellular phone or other wireless device using automated telephone dialing equipment or artificial or pre-recorded voice or text messages.
6. **Release of Information:** By my signature below, I authorize the University of Montana Business Services to discuss or release information concerning my student financial records to my parents and/or guardian. I understand this release will be in effect and honored until such time that I personally revoke this privilege. To revoke this privilege, I must notify the University of Montana, Business Services that the release of information may no longer be given to the party(ies) noted above.
7. **Privacy Act Notice:** I acknowledge receipt of the Privacy Act Notice as attached on page 2 of this note.
8. **Promise to Pay:** I understand that multiple loans may be made to me under this Note and I agree to repay all outstanding loans. I understand that each loan is separately enforceable based on a true and exact copy of this Note. I will not sign this note before reading the entire Note, even if I am told that I am not required to read it. I am entitled to an exact copy of this Note. This loan is made to me without security or endorsement. My signature certifies I have read, understand and agree to the terms and conditions of this Note.

Daniel Savage

Borrower's Signature

1/5/2017

Date



Privacy Act Notice and Disclosure of Information:

The Privacy Act of 1974 (5 U.S.C. 552a) requires that the following notice be provided to you:

The authority for collecting the requested information from and about you is §461 et seq. of the Higher Education Act of 1965, as amended (20 U.S.C. 1098 aa et seq.) and the authority for collecting and using your Social Security Number (SSN) is §484(a)(4) of the HEA (20 U.S.C. 109(a)(4)). You must provide the requested information, including your SSN, to participate.

The principal purposes for collecting the information on this form, including your SSN, are to verify your identity, to determine your eligibility to receive a loan, to permit the servicing of your loan(s), and, if it becomes necessary, to locate you to collect on your loan(s) if your loan(s) become delinquent or in default. We also use your SSN as an account identifier and to permit you to access your account information electronically.

The information in your file may be disclosed to third parties as authorized under routine uses in the appropriate systems of records. The routine uses of this information include its disclosure to federal, state, or local agencies, to other federal agencies under computer matching programs, to agencies that we authorize to assist us in administering our loan programs, to private parties such as relatives, present and former employers, business and personal associates, to credit bureau organizations, to educational institutions, and to contractors in order to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan, to permit the servicing or collection of your loan(s), to counsel you in repayment efforts, to enforce the terms of the loan(s), to investigate possible fraud and to locate you if you become delinquent in your loan payments, to provide financial aid history information, to assist program administrators with tracking refunds and cancellations, or to provide a standardized method for educational institutions efficiently to submit student enrollment status.

In event of litigation, we may send records to the Department of Justice, a court, adjudicative body, counsel, party, or witness if the disclosure is relevant and necessary to the litigation. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for action. In circumstances involving employment complaints, grievances, or disciplinary actions, we may disclose relevant records to adjudicate or investigate the issues. If provided for by a collective bargaining agreement, we may disclose records to a labor organization recognized under 5 U.S.C. Chapter 71. Disclosures may also be made to qualified researchers under Privacy Act safeguards.

CONTINUOUS DEFERRED PAYMENT PLAN – CONFIDENTIAL INFORMATION

ID# 790506871

All information below **MUST** be provided to receive Installment Loan.

Information provided below is not released to any unauthorized sources or individuals.

STUDENT INFORMATION			
Last Name Savage	First Daniel	M.I. J	<input checked="" type="checkbox"/> Not Married/Single (Check to move to next block if applicable)
Mailing Address 131 W Sussex Ave #5		Spouse's Name	
Mailing City, State, Zip Code Missoula, MT 59801		Mailing Address	
Home Telephone 215-870-7072		Mailing City, State, Zip Code	
Cell Phone 215-870-7072		Home Telephone	Cell Phone
Date of Birth 09-AUG-1991	Driver's License # & State 0811819914109 Montana		Date of Birth
Employer Name and Telephone Missoula County Public Schools, 406-728-2400		Driver's License # & State	Social Security Number
Monthly Income \$800-1000	Savings Balance \$5.00	Checking Balance \$412.90	Employer Name and Telephone
		Monthly Income	Savings/Checking Balance
PARENT/GUARDIAN INFORMATION			
Father, Stepfather, Guardian or Relative Daniel Savage		Mother, Stepmother, Guardian or Relative Kimberly Savage	
Address 1215 Haworth St.		Address 1500 Locust St. Apt. 2711	
City, State, Zip Code Philadelphia, PA 19124		City, State, Zip Code Philadelphia, PA 19102	
Home Telephone 215-831-0152	Cell Phone 215-939-3035	Home Telephone 215-840-4013	Cell Phone 215-840-4013
Employer Name and Telephone n/a		Employer Name and Telephone n/a	
REFERENCES OTHER THAN PARENTS WHO WILL ALWAYS KNOW YOUR ADDRESS (CANNOT BE STUDENTS)			
Name Linda Savage		Name Timothy Savage	
Address 5712 Central Ave		Address 200 Locust St. Unit 26 G N	
City, State, Zip Code Ocean City, NJ 08226		City, State, Zip Code Philadelphia, PA 19106	
Home Telephone 609-398-8376	Cell Phone 609-425-3060	Home Telephone 215-380-0312	Cell Phone 215-380-0312

Fax All Completed Forms to: 406-243-4929