Coastal Carolina University
Payment Plan Agreement

Section I

CCU ID Number | Last Name | First Name | M.I.
--- | --- | --- | ---

Section II

Street Address

City | State | Zip Code
--- | --- | ---

Section III

Telephone Numbers

Permanent | Local | Cell
--- | --- | ---

Section IV

Semester:  |  | Year: ______________
FALL | SPRING |

Net Payment Plan Amount

$ _____________________

Initial Payment Amount

$ _____________________

Section V

Initial Payment

1. CASH

CHECK / MONEY ORDER

Make payable to “Coastal Carolina University”

Check number _______________

Please include the student’s name and Coastal Carolina University ID number, daytime telephone number and driver’s license number with state of issuance on your check or money order.

CREDIT CARD / DEBIT CARD

Please do not mail or fax credit card information to our office. You may provide a phone number where we can reach you to collect payment. ______ - ______ - __________ or feel free to call us at 843-349-2159 after submitting your form. Payment is subject to a 2.7% service fee.

COASTAL CAROLINA UNIVERSITY DOES NOT AUTO-CHARGE YOUR CARD FOR FUTURE PAYMENTS PERTAINING TO THE PLAN.

Section VI

PAYMENT PLAN CONSENT

1. I certify that I am enrolled as a student at Coastal Carolina University and have no other outstanding obligations with the University from prior semesters.
2. I understand that changes to charges and/or changes to financial aid awards after the initial plan set-up may alter the plan balance and future installment amounts. It is my responsibility to monitor changes and comply with the adjusted installments due.
3. I understand that Coastal Carolina University will not automatically deduct future payments from my account. I am responsible for paying each of the installments on time even if I do not receive a reminder notice, and I understand that failure to do so will result in a $25 late payment charge and hold on my student account that may prevent registration for future semesters and distribution of my transcript and/or diploma.
4. I understand and agree that my account may be referred to a collection agency if I fail to make timely payment, and I will be responsible for reimbursing the University for the collection agency’s fees up to 33.34% and all other costs and expenses, including reasonable attorney’s fees, incurred in such collection efforts.
5. I authorize Coastal Carolina University and its respective agents and contractors to contact me regarding my charges, including repayment, at the current or future number that I provide for my cellular phone or other wireless device using automated telephone dialing equipment or artificial or pre-recorded voice or text messages.
6. I understand that my Payment Plan does not auto-renew. Should I wish to enroll in a Payment Plan in a future semester, a new Payment Plan must be initiated.
7. I understand it is my responsibility to notify the Coastal Carolina University Office of Registrar of any changes to my name, address and/or contact information.

Student’s signature ___________________________ Date ___________________________

Mail to: Coastal Carolina University Office of Student Accounts
Baxley Hall
P.O. Box 261954
Conway, SC 29528-6054

For questions, please contact the Office of Student Accounts
843-349-2159 (telephone)
843-349-2882 (fax)
studentaccounts@coastal.edu (email)

Revised 6/18
Coastal Carolina University • Payment Plan Agreement • Terms and Conditions

STUDENT ELIGIBILITY
1. Student must be currently enrolled at Coastal Carolina University during the FALL or SPRING semester applicable to the Payment Plan.
2. Student’s Coastal Carolina University account must be current with no prior semester charges outstanding.

STUDENT RESPONSIBILITY
1. Student is responsible for informing Coastal Carolina University of changes to contact information including name, address, telephone numbers, payment source information, etc.
2. If changes are made during the plan term initiated by this agreement or future plan terms that result in delinquent receipt of payments, the student will be responsible for any late fee charges and other collection fees. You may contact the Office of Student Accounts at studentaccounts@coastal.edu or 843-349-2159.

PLAN SET-UP
1. To enroll in the Payment Plan, the student must submit a completed Payment Plan Agreement form with the first installment and plan setup fee.
2. Payment Plans are calculated on all student charges, including tuition, housing, meal plans and other miscellaneous charges. The plan amount established will be computed net of awarded financial aid, including financial aid in a pending status.
3. The plan amount is payable in four installments, the first installment equal to one-fourth of the net plan amount plus applicable setup fee. Changes to student charges and/or changes to financial aid awards after the initial plan setup will revise plan amounts and future payments.
4. Coastal Carolina University will assess a NON-REFUNDABLE plan setup fee at published rates at the time the plan is established. The current fee is $50.

PAYMENT
1. Payments may be made by cash, check, money order, credit or debit card. Payments made with Visa, MasterCard, Discover or American Express will be charged a service fee of 2.7% by Official Payments. Do not send cash by mail.
2. Coastal Carolina University does not offer auto-charge at this time. For future payments, you must contact the Office of Student Accounts in person or by telephone, mail a check payment or pay online through WebAdvisor on or before the due date to avoid late pay charges of $25 for each late payment.
3. In addition to the initial payment submitted with this Payment Plan Agreement, future payments are due as followed:

   Fall Semester: September 1, October 1, November 1
   Spring Semester: February 1, March 1, April 1

INSTRUCTIONS
Section I Enter student’s identification number and full name.
Section II Enter permanent street address, city, state and zip code.
Section III Enter all contact information (permanent, local and cell telephone numbers).
Section IV Enter current semester, Net Payment Plan Amount, and Initial Payment Amount (see below for calculation).
Section V Indicate payment method. If paying by credit card, please provide contact information so you may be contacted for payment. Please do not provide credit card number on form.
Section VI Please read very carefully all information in Payment Plan Consent section on page 1 and document your agreement by initialing beside each row and signing and dating in the space provided.

PAYMENT CALCULATION TO CALCULATE YOUR FIRST INSTALLMENT:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total semester tuition, fees, housing, meal plan, etc.</td>
<td>Line 1</td>
</tr>
<tr>
<td>Subtract: Awarded Financial Aid including student/parent loans, scholarships</td>
<td>Line 2</td>
</tr>
<tr>
<td>Net Payment Plan Amount (Should equal &quot;Amount Due&quot; on Registration Invoice)</td>
<td>Line 3</td>
</tr>
<tr>
<td>( \text{See WebAdvisor for current Registration Invoice and amount due. Place This Amount in Section IV.} )</td>
<td></td>
</tr>
<tr>
<td>Divide: Initial Payment (Net Payment Plan amount divided by 4)</td>
<td>Line 4</td>
</tr>
<tr>
<td>Add: $50 processing fee to initial installment payment (non-refundable)</td>
<td>Line 5</td>
</tr>
<tr>
<td>Initial Payment Amount: ( \text{Place This Amount in Section IV.} )</td>
<td>Line 6</td>
</tr>
</tbody>
</table>

\( \text{Initial Payment Amount: Place This Amount in Section IV.} \)

\( \text{Line 5: } \$50.00 \)

\( \text{Line 6: } \$ \)

NOTE: The Net Payment Plan Amount is subject to change if any adjustments are made to class schedules, financial aid and/or other charges/credits are applied to the student account. Please contact the Office of Student Accounts at 843-349-2159 or studentaccounts@coastal.edu if adjustments are made during the semester plan period.