

**UNIVERSITY OF NEW ORLEANS  
AGREEMENT FOR DEFERRED PAYMENT**

This represents a payment document and must be read carefully before completion. Write, or print legibly with ball point pen.

Social Security Number \_\_\_\_\_ Name \_\_\_\_\_  
LAST FIRST MIDDLE

Local Mailing Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Second Address \_\_\_\_\_  
(Required - Different from Local Address) STREET CITY STATE ZIP CODE

Telephone No. \_\_\_\_\_ College \_\_\_\_\_ Employed By \_\_\_\_\_

Parent / Guardian \_\_\_\_\_  
NAME ADDRESS (if different from your home address)

**PROMISSORY NOTE**

Date \_\_\_\_\_

I, \_\_\_\_\_ promise to pay to the order of the University of New Orleans on or before the last due date specified in the schedule of payments below, for value received in the form of tuition and other charges the balance deferred as indicated in the schedule below. In the event of my failure to meet any payments on the schedule as shown or modified and approved, in writing, the entire amount shall at the option of the university become immediately due and payable. Should it become necessary to place this note with an attorney for collection, I agree to pay the cost of such attorney fees which fees are fixed at 33 1/3% of the amount due with interest and costs, but in no event shall the attorney's fee be less than \$100.00. Presentment, protest and notices of demand and non-payment are hereby waived. I understand that any refund due me for resignation or schedule change will be applied first to this obligation.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**SCHEDULE OF PAYMENTS:**  
**DUE DATE** **AMOUNT**

		AMOUNT DUE: _____
		DOWN PAYMENT: _____
		BALANCE DEFERRED: _____
		APPROVED: _____ <small style="margin-left: 150px;">(UNIVERSITY OFFICIAL)</small>

DATE: \_\_\_\_\_