

Payment Plan Terms and Conditions

A \$15 fee is assessed each term Payment Plan is used

1. **Eligibility Requirements:** To qualify you must meet **all** of the following requirements:
 - Provide your valid Social Security number.
 - Have a satisfactory payment history and not owe LBCC any money.
 - Tuition, fees, and related charges must exceed \$100.00.
 - Have a completed Payment Plan application on file for the current academic year.
 - Oregon resident or Out of State residency status.
2. **Right to Deny or Rescind:** LBCC has the right **without Prior notice** to stop or suspend the extension of credit and to withhold services if billings are returned by the postal service or if the required payments are not made on time. The withholding of services includes, but is not limited to, registration for classes and workshops.
3. **Address/Name Changes:** You are responsible for informing the LBCC Registration Office of any address changes.
4. **Required Payments:** Payment in full before due date is appreciated.
Amount due by first due date: (see schedule of classes for due date.)
 - \$1 – 100, pay total
 - \$100 – 200, pay at least \$100
 - \$200 or more, pay at least one-half of balance

Remaining balance due approximately ten days prior to beginning of registration for next term.
(see schedule of classes for due dates).
5. **Failure to Pay:** Payments must be received by LBCC on or before the payment due date. **Failure to pay the minimum amount due by each specified due date may result in a \$30 late fee per billing period.** Failure to meet scheduled payments may also result in the following:
 - Denial of registration, transcripts, and diplomas.
 - Denial of future credit and emergency loans.
 - Attachment of state income tax refunds.
 - Reporting of status to a Credit Bureau.
 - Assignment of account to a collection agency. Collection charges will be added to the amount due.
6. **Returned Check Penalties:** If any check or ACH payment presented to LBCC is returned unpaid by the bank, you will remain obligated for the amount of the returned check. A returned check/ACH charge as stated in LBCC's schedule of classes will be added to your account.
7. **Withdrawals:** If you withdraw from classes, any refunds due will be applied to the outstanding account balance, and any balance due remains payable. Charges will not be reduced unless you officially withdraw from classes during the refund period (see refund table in schedule of classes). **If you withdraw after the refund period or stop attending classes, you remain responsible for any account balances.**
8. **Student Under 18 Years of Age:** If you are under 18 years of age you will be held liable for amounts borrowed on your account as an educational loan under Section 348-105 of the Oregon Revised Statute.
9. **Change in Terms:** LBCC may change the terms of the Payment Plan and may change existing and future charges at any time. Notice will be made in advance as required by law.

LINN-BENTON COMMUNITY COLLEGE 2010 – 2011 PAYMENT PLAN APPLICATION

If you are charging any tuition and/or fees you must:

- Have charges in excess of \$100
- Complete (ALL) sections of this form in ink
- Return this form to LBCC Business Office

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

\$15 FEE ASSESSED
EACH TERM PLAN
USED

Personal Information:

Name: _____
Last First MI Social Security Number (required)
Permanent Address: _____ Birth Date: _____
(Not PO Box or dorm address)
City: _____ State: _____ Phone Number: (____)____ - _____
Zip Code: _____ Drivers License/ID No: _____ State: _____
_____ BCC Student ID# _____
Mailing Address (if different than permanent address)
E-mail address: _____

Employer Information:

Company Name: _____ Phone Number: (____)____ - _____
Address: _____ City: _____ State: _____ Zip Code: _____

Personal Reference 1: (not living with you or other ref.):

Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Phone Number: (____)____ - _____

Personal Reference 2: (not living with you or other ref.):

Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Phone Number: (____)____ - _____

I request Linn-Benton Community College issue me a line of credit for tuition and fees. I have read and agree to all terms and conditions of the Payment Plan. Use of the Payment Plan will signify my consent and acceptance of the terms and conditions of the Payment Plan. I authorize LBCC to use my Social Security Number for internal and external credit reporting and collection purposes for all charges incurred on my account.

I have read the above statement and the information provided by me is true and correct to the best of my knowledge. I understand that failure to pay as agreed will result in adverse action taken against me as indicated in the Payment Plan Terms and Conditions.

Signature: _____ Date Signed: _____

FOR COLLEGE USE ONLY: TO BE COMPLETED BY ACCOUNTS RECEIVABLE

Approved Address Verified Denied

Date received: _____ Processed by: _____

Reason denied: _____

Return to:

Linn-Benton Community College
Business Office
6500 Pacific Blvd., SW
Albany, OR 97321-3779

Phone Number: (541) 917-4312

Web Address:

www.linnbenton.edu/businessoffice