

Columbia University in the City of New York
Student Financial Services
1140 Amsterdam Avenue, 210 Kent Hall, MC9205
New York, New York 10027

PROMISSORY NOTE

Name: _____ **Date:** _____

Columbia University Account Number: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email Address: _____

Telephone (home): _____ **Telephone (work):** _____

BALANCE DUE: \$

TERM:

By my signature below, I hereby agree to repay Columbia University the total outstanding balance of my **student account**. Payments will be made monthly, commencing on _____

I understand that the **MAXIMUM** term of repayment under this agreement will be no more than ____ months with a **MINIMUM** monthly payment of _____. Payments are due on the ____ of each month.

I understand that a repayment of _____ **MUST** be returned with this agreement. This payment represents the first payment of this agreement.

I understand that my account will accrue interest and late fees, if I do not adhere to the stipulations outlined in this agreement.

I understand that I will not be permitted to register, receive a diploma or transcript until the outstanding balance is paid in full.

I understand that it is my responsibility to notify Columbia University, Student Financial Services apprised of my correct address and telephone number at all times.

I understand that I am required to make ____ consecutive payments for the agreed dollar amount, to prevent default of this agreement.

I understand that, my account may be placed with a collection agency and/or attorney and I will be responsible for all collection costs and attorney fees if I default on this agreement.

Borrower's Signature

Date

Student Account Representative

Date

\$ _____
Monthly Payment Amount

First Payment Due Date

**Send Promissory Note
and Payments to:**

**Columbia University c/o ECSI
181 Montour Run Road
Coraopolis PA 15108**