

BUTLER UNIVERSITY
ACCEPTANCE OF FINANCIAL RESPONSIBILITY
PROMISSORY NOTE

I understand and agree that by accepting the terms of financial responsibility documented in this agreement, I am entering into a contract with Butler University. Further, I confirm that I am the student responsible for this agreement. By submitting this agreement, I state that I am voluntarily entering into this agreement governing my financial responsibilities to Butler University, and understand that it is governed by Butler University's policies and the appropriate U.S. and Indiana State laws.

I understand that by accepting this agreement, I will be allowed to complete the registration and enrollment process for the upcoming term(s). In return for the ability to register for and enroll in courses, I am assuming complete and personal responsibility for paying all University-related expenses regardless of the availability of financial aid, gifts, family support, employer reimbursement or any other external resources. I agree that by completing the registration and enrollment process, I am responsible for paying any and all balances due to Butler University, regardless of when those balances may become or have been incurred, and that this agreement constitutes a promissory note that obligates me to pay all outstanding balances to Butler University.

I understand and agree that if I fail to pay any outstanding balances when due, interest of 18% per year will be assessed on a monthly basis to the outstanding balance. I further understand that if my financial obligations are not met, Butler University will withhold future registrations, enrollment verification, official transcripts and diploma. Butler University, and any agent working on its behalf, may contact me via US mail, email, and telephone (including but not limited to home, mobile and employer.)

Finally, I understand and agree that any outstanding balance may be transferred to a collection agency and that I will be responsible for the outstanding balance plus all costs of collection, including reasonable collection fees, not to exceed 33.3% of my account balance, attorney fees, and accrued interest.

Printed Name

BU ID Number or SSN

Signature

Date