

Class of 2029

Part IV: Business Office

Tuition & Fees Payment Agreement

Tuition and Fees - Promise to Pay

I understand that when I register for any classes at the Alabama College of Osteopathic Medicine or receive any service from ACOM, I accept full responsibility to pay all tuition, fees, and other associated costs assessed as a result of my registration and/or receipt of services.

I further understand and agree that my registration and acceptance of these terms constitutes a promissory note agreement (i.e., a financial obligation in the form of an educational loan as defined by the U.S. Bankruptcy Code at 11 U.S.C. §523(a)(8)) in which ACOM is providing me educational services, deferring some or all of my payment obligation for those services, and I promise to pay for all assessed tuition, fees and other associated costs by the published or assigned due date.

I understand and agree that if I drop or withdraw from some or all of the classes for which I register, I will be responsible for paying all or a portion of tuition and fees in accordance with the published tuition refund schedule noted in the ACOM Student Handbook. I have read the terms and conditions of the published tuition refund schedule and understand those terms are incorporated herein by reference. I further understand that my failure to attend class or receive a bill does not absolve me of financial responsibility as described above.

Financial Aid

I understand and agree that my financial aid award is contingent upon my continued enrollment and attendance in each class upon which my financial aid eligibility was calculated. If I drop any class before completion, I understand that my financial aid eligibility may decrease and some or all the financial aid awarded to me may be revoked.

If some or all my financial aid is revoked because I dropped or failed to attend class, I agree to repay all revoked aid that was disbursed to my account and resulted in a credit balance that was refunded to me.

Delinquent Account/Collection

Late Fee: I understand and agree that if I fail to pay my student account bill or any monies due and owed to ACOM within 10 days of the scheduled payment date, ACOM will assess a \$50 late fee for payments that are in default.

Collection Agency Fees: I understand and agree that if I fail to pay my student account bill or any monies due and owed to ACOM by the scheduled payment date and fail to make acceptable payment arrangements to bring my account current, ACOM may retain an attorney or a collection agency to collect the delinquent debt. I further understand that if ACOM should retain an attorney and/or a collection agency to collect my delinquent debt, I agree to pay reasonable attorney's fees and/or reasonable collection agency fees, which may be based on a percentage (up to a maximum of 33%) of the debt owed. Finally, I understand that my delinquent account may be reported to one or more of the national credit reporting bureaus.

Method of Billing

I understand that ACOM does not mail statements; therefore, I am responsible for viewing my student account balance through ACOM's Self-service Portal. I also understand that failure to review my student account through ACOM's Self-service Portal does not constitute a valid reason for not paying my bill on time.

Communication

Method of Communication: I understand and agree that ACOM will use e-mail as the official method of communicating with me, and I agree that I am responsible for reading the e-mails from ACOM on a timely basis.

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Contact Consent: I consent to and authorize ACOM and its agents and contractors to call and/or contact me at my current and any future residential phone numbers, wireless phone numbers, and email addresses regarding my student account, any debt I owe to ACOM, and to receive general information from ACOM. I understand and agree to receive calls placed to me using an automatic telephone dialing system and prerecorded calls from ACOM and its agents and contractors. In addition, I understand and agree to receive text messages sent by an automatic telephone dialing system to my current and future wireless phone number(s). Furthermore, I understand that I may only withdraw this consent by submitting a request in writing to ACOM attention Office of the Registrar, 445 Health Sciences Blvd., Dothan, AL 36303.

Updating Contact Information: I understand and agree that I am responsible for keeping ACOM records up to date with my current physical addresses, email addresses, and phone numbers by following the procedure at <https://www.acom.edu/registrar-forms/> or contacting the Office of the Registrar.

Upon leaving ACOM for any reason, it is my responsibility to provide ACOM with updated contact information for purposes of continued communication regarding any amounts that remain due and owing to ACOM.

Billing Errors:

I understand that administrative, clerical or technical billing errors do not absolve my financial responsibility to pay the correct amount of tuition, fees and other associated financial obligations assessed as a result of my registration at ACOM.

Returned Payments/Failed Payment Agreement:

If a payment made to my student account is returned by the bank for any reason, I agree to repay the original amount of the payment plus a returned payment fee of \$ 25.00. I understand that multiple returned payments and/or failure to comply with the terms of any payment plan or agreement I sign with ACOM may result in cancellation and/or suspension of my eligibility to register for future classes at ACOM.

IRS Form 1098-T:

I agree to provide my Social Security number (SSN) or taxpayer identification number (TIN) to ACOM upon request as required by the Internal Revenue Service (IRS) regulations for Form 1098-T reporting purposes. If I fail to provide my SSN or TIN to ACOM, I agree to pay any and all IRS fines assessed as a result of my missing SSN/TIN.

Entire Agreement:

This agreement supersedes all prior understandings, representations, negotiations and correspondence between the student and ACOM, constitutes the entire agreement between the parties with respect to the matters described, and shall not be modified or affected by any course of dealing or course of performance. However, this agreement may be modified in writing by ACOM with my signature.

Student's Name: _____ ACOM ID: _____

Student's Signature: _____ Date: _____