



## Account Balance Promissory Note

I, \_\_\_\_\_,

hereinafter called the Borrower, promise to pay Trinity College of Nursing & Health Sciences, hereinafter called the Institution located at Rock Island, Illinois, the sum of such amounts billed to me and endorsed in the educational tuition balance below with all attorney's fees, collection agency costs, and other related costs and charges for the collection of any amount not paid when in default according to the terms of this note.

BALANCE OWED	PAYMENT AMOUNT	DATE DUE
		Monthly starting / /
		Due in full by / /

### The Borrower and the Institution further understand and agree that:

- Repayment:** Repayment shall be made in monthly installments according to the repayment schedule.
- Default:** This loan will be considered in default when the Borrower fails to make an installment payment when due. After 30 days in default, this loan will be placed with a collection agency and all applicable collection agency fees will apply.
- Interest:** This is an interest-free loan.
- Prepayment:** The Borrower may prepay all or any part of the balance without penalty.
- Collection Agents, Litigation, and Withholding of Services:** If the Borrower fails to make a scheduled payment, or fails to comply with any other term of this Promissory Note, the Institution will: (a) place the Borrower's loan with a collection agency for further collection efforts and may disclose the Borrower's loan and any other relevant information to credit bureaus; (b) initiate legal proceedings against the Borrower; (c) withhold Institutional services (i.e. transcripts, letters of recommendation, etc.) from the Borrower. A collection agency fee of 25% or the maximum allowable by law, whichever is lower, will be assessed and will be due and owing at the time of placement with the collection agency.
- General:** The Borrower will promptly inform the Institution of any change in name or address.

\_\_\_\_\_  
Signature of Borrower

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Street

\_\_\_\_\_  
Phone

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Relative Name

\_\_\_\_\_  
Parent/Relative Phone

### SIGN AND RETURN THE AGREEMENT