



MOREHOUSE SCHOOL OF MEDICINE

Promissory Note

Debtor's Name: _____
Student ID #: <u>M000</u> _____
Outstanding Account Balance: \$ <u>1000.00</u> As of Date: _____

PAYMENT PLAN INFORMATION

- I, _____, hereafter called the debtor, promise to pay Morehouse School of Medicine, hereafter, called the Institution, the amount as listed above according to the payment schedule outlined in this document.
- The debtor is responsible for informing the Institution of any change of address, status, or any other change to make this Promissory Note accurate and current.
- The Debtor has the option, without penalty, to prepay all or any part of this Note at any time.
- The Debtor is responsible for the full amount of this note, regardless of the enrollment status or academic standing.
- **Failure to make a payment, when due, may render this agreement null and void, and require immediate and full payment of all remaining charges and collection costs assessed.**
- **If the debtor defaults on the payment arrangements outlined below, Morehouse School of Medicine will withhold all services from the debtor, including diplomas, transcripts, letter of recommendations, and future registrations until the outstanding balance has been paid in full.**

PAYMENT PLAN INSTALLMENT CHART

- I, _____ agree to pay \$ 1000.00 the total amount in one installment on _____

I understand I must pay as agreed on the above listed payment plan in order to re-enroll for future terms.

Signature

Date



Emergency Loan Application

Limited emergency loan funds have been made available by thoughtful individuals and organizations to assist students during times of emergency. THE MAXIMUM LOAN IS NORMALLY \$1,000 AND MUST BE REPAID WITHIN 60 DAYS OR AT THE END OF THE ACADEMIC SEMESTER, WHICHEVER IS EARLIER, IN ORDER TO CONTINUE TO OFFER ASSISTANCE TO ALL STUDENTS.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Local Address: _____

Class level: _____ Major: _____

Amount of Loan Request: _____

Employer Name: _____ Monthly Earnings: _____

Please explain why you are in need of a short-term loan.



Please explain when and how you will repay the short term loan.



Promissory Note

I promise to pay the loan amount \$ _____ to the Morehouse School of Finance Office on or before _____ together with all attorney's fees and other costs and charges for the collection of any amount not paid when due according to the terms of this note. Also, I agree to pay a 1% penalty of loan balance for each full month following the first sixty (60) days of loan issuance date. Upon my ceasing to be a student at MSM, the entire amount of principal shall become Immediately due and payable. I further authorize the MSM Finance Office to deduct the above amount from my refund check.

Borrower's Signature: _____ Date: _____

Approver's Signature: _____ Date: _____

Morehouse School of Medicine

FINANCIAL AID WITHHOLDING AUTHORIZATION

Controller's Office
Morehouse School of Medicine
720 Westview Drive
Atlanta, GA 30310-1495
Email: askaboutmybill@msm.edu
Telephone: 404-756-8850
Fax: 404-752-1161

DIRECTIONS

Please read the entire withholding statement before adding your signature and date to verify that you understand the terms of this authorization. You can view your student account information by logging onto Banner Self-Service via MSM Connect. If you have questions regarding this form or your account, please contact the Controller's Office at 404-756-8850 or 404-756-5727.

Personal Information		
Name	Social Security No.	Student ID number
E-mail address		Phone Number
Mailing address (House number, street, city, state, ZIP Code)		
Certification		
<p>I authorize Morehouse School of Medicine to use my financial aid to pay all outstanding charges on my student account. Financial aid can include loans, grants, scholarships, or other institutional, federal, or state funds.</p> <p>I agree that if this aid is not directly credited to my account, I will endorse any financial aid check(s) to Morehouse School of Medicine. I will not receive any funds until all charges posted to my student accounts are paid in full. I understand that completion of this form does not guarantee that my student account will be paid in full. Any balance remaining after disbursement of my financial aid is my responsibility. Any credit balance remaining on my account after all charges are applied will be disbursed to me in the normal refund process.</p> <p>I authorize Morehouse School of Medicine to use financial aid funds to pay any non-standard charges assessed to my student account. These charges may include, but are not limited to, the following: bus passes, book charges, library fines, parking fees, medical/dental charges, late fees, and/or installment plan fees. I also authorize Morehouse School of Medicine to transfer any financial aid funds to any past due balances on my student account.</p> <p>I understand that this authorization will remain active on my account and is valid for as long as I am a Morehouse School of Medicine student. I understand that in order to inactivate this authorization I must send a written cancellation to the Controller's Office at the address listed above.</p>		
Student signature		Date