



# STUDENT ACCOUNT AGREEMENT

Averett ID# P000   
Student ID#

Student Name:  SS# XXX-XX-  
Print or Type Name last 4 of SSN

Address:     
Street City/State Zip Code

Parent/Guardian Name:  SS# XXX-XX-  
Print or Type Name last 4 of SSN

Address:     
Street City/State Zip Code

Parent/Guardian Name:  SS# XXX-XX-  
Print or Type Name last 4 of SSN

Address:     
Street City/State Zip Code

By signing below, Student and Parent(s)/Guardian(s) indicate they accept responsibility for payment of the charges incurred by or on behalf of Student, including but not limited to tuition, room, board, books, fees, laboratory fees, physical education fees, and any other costs incurred during the school year. Once this agreement is signed it will remain in effect for all periods of enrollment at Averett University. The Student and Parent(s)/Guardian(s) hereby grant consent for Averett University to disclose for any lawful purpose all information related to the Student's Account to: 1) the Student's Parent(s)/Guardian(s); and 2) any and all other persons or entities that Averett University in its discretion deems proper and/or necessary; all in conformity with Averett University's Student Records Policies and Procedures.

Student and Parent understand and agree to the following statements:

1. To avoid late payment fees, tuition and other charges must be paid on the due dates published by Averett University prior to the first day of classes for fall and spring semesters. Other incidental charges occurring after the beginning of the semester are due and payable as billed.
2. Student and Parent(s)/Guardian(s) owe all costs incurred even if Student does not complete a given semester or school year. The amount, if any, of any refund due resulting from the Student's withdrawal from Averett University will be determined by Averett University's Business Office.
3. Student and Parent(s)/Guardian(s) owe all costs incurred regardless of any financial aid that may or may not be available.
4. The Business Office of Averett University is the only office that has the authority to discuss, determine, and/or receive payment of bills; neither Student nor Parent(s)/Guardian(s) may rely on the statement of anyone other than authorized agents of the Business Office for any information concerning any present or future costs of attending Averett University.
5. Student and Parent(s)/Guardian(s) will be billed for all costs, although Averett University may not send bills on a monthly basis. Student and Parent(s)/Guardian(s) owe all costs incurred by Student regardless of whether Student and/or Parent(s)/Guardian(s) are billed for those costs the following month.
6. Averett University reserves the right to take the following actions at any time following the existence of a delinquency of the Student's account: 1) refuse to apply further charges to the Student's Account; and/or 2) cancel the Student's course registration and/or condition the Student's continued enrollment and/or graduation upon payment in full of the Account.
7. I understand that administrative, clerical or technical billing errors do not absolve me of my financial responsibility to pay the correct amount of tuition, fees and other associated financial obligations assessed as a result of my registration at Averett University.

Student and Parent(s)/Guardian(s) agree that in the event of default in payment, a late payment charge of \$75.00 per month shall accrue. The account may be assigned to a collection agency at Averett University's sole discretion. The student and Parent(s)/Guardian(s) agrees to pay all of Averett University's collection fees, collection costs at a maximum rate of 33 percent of the balance due, attorney's fees, legal costs and charges for the collection of any unpaid balance of this account.

Any notice to the Student and/or Parent(s)/Guardian(s) shall be given by mailing the notice to the Student and/or Parent(s)/Guardian(s) at the above address or to another address designated in writing by the Student and/or Parent(s)/Guardian(s). Any notice to Averett University shall be given by mailing such notice to the Office of Student Accounts, Averett University, 420 West Main Street, Danville, Virginia 24541.

I authorize Averett University, and/or their respective agents and/or contractors to contact me regarding my account at the current or any future number that I provide for my cellular phone or other wireless device using automated telephone dialing equipment or artificial or pre-recorded voice or text messages.

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
Date

Please return completed form to the AU Student Accounts Office, 420 West Main Street, Danville, VA 24541  
Fax # (434) 791-7181 ♦ [studentaccounts@averett.edu](mailto:studentaccounts@averett.edu)