Name	CWID	Term

Connors State College Office of the Bursar Contract of Student Financial Responsibility & ID Card Refund Preference Authorization

Carefully read the following information; to finalize your enrollment process, please sign & date:

C-Key email is the official means of communication for Connors State College. I am responsible for regularly checking for important information sent to my C-Key email account. It is my responsibility to take action on any correspondence sent to this address and to ensure adequate email space is available to receive incoming correspondence.

- I understand that enrollment at Connors State College constitutes a contractual financial obligation to pay all charges incurred on my behalf. I understand my financial obligations are due by the first day of each semester and if not paid and/or payment plan is not secured I will be subject to collection immediately.
- I understand it is my responsibility to know my Bursar account balance. I may access my account online at www.connorsstate.edu via the SIS link at any time. I agree that knowledge of transactions and balance of my account is my responsibility. I understand I may incur fines that may not be posted until after the semester. It is my responsibility to verify that my Bursar account is indeed at a zero balance.
- I understand my account information can only be accessed by me unless I set up guest access for designated people. It is my responsibility to notify my parents/legal guardian of my account balance if I choose to have them pay my balance. I understand my account information is protected by the Family Educational Rights and Privacy Act (FERPA) and any disclosure of information must be authorized by me.
- I understand that in the event I have a return check on my account I will be charged a \$25 return check fee. I understand that I am responsible for all dishonored payments which have been presented on my behalf and if these charges are not cleared my ability to pay via check will be suspended.
- I understand financial aid funds automatically pay all charges incurred on my bursar account unless I restrict my Title IV funds to only pay tuition/fees, housing/meals, and books by submitting such in writing. If my federal or institutional financial aid is either not received by Connors State College or I lose my eligibility to retain financial aid for the semester, I acknowledge and understand that I assume responsibility for paying all student obligations. I also understand that once all my financial aid is applied to my bursar account, I am responsible to pay any new charges I incur prior through end of the semester.
- I understand that if I enroll prior to the enrollment hold being placed on my account, my enrollment is subject to cancellation if my balance is not paid to current. I also understand that if I am participating in the Payment Option Plan (POP) and my payments are not current, my enrollment is subject to cancellation.
- If I am participating in the Payment Option Plan (POP), I understand failure to make my payment by the due date will result in my account being assessed a finance charge of 1.5% or an annual percentage rate of 19.56% when computed from the billing date. I understand in having a past due balance I will lose my charging privilege on campus.
- It is my responsibility to know the withdrawal policy including deadlines. It is also my responsibility to drop or withdraw
 myself from my classes. My failure to drop or withdraw in a timely manner does NOT relieve me from my
 financial responsibility to the College for tuition and fees. Non- attendance DOES NOT relieve me from
 financial responsibility.
- I understand it is my responsibility to update my contact info. I understand, agree and give express consent to being
 contacted on behalf of the college via any of the phone numbers I have provided to the College regarding conversation
 pertaining to my Bursar account.
- I understand that if I have a student Direct Subsidized/ Unsubsidized Loan, I am responsible for completing the required exit counseling upon leaving the College.
- I understand that if I have an outstanding balance with the College, **holds** are placed on my account and I will not be able to enroll in future semesters nor receive an academic transcript or diploma.
- I understand that failure to pay in full or make regularly scheduled monthly payments via POP will result in my meal plan privileges being suspended and eviction from campus housing.

 I understand if I leave Connors State College with an unpaid balance arrangements, my account will be placed with an external collection a 34% of the original debt), legal fees and attorney fees. This will result national level by being reported to all three credit bureau's (Equifax, Texercise the right to request an Oklahoma State Tax refund hold to or yearly until the outstanding debt is paid in full. 	agency. I will be assessed collection fees (up to in endangering my credit rating on a local and /or FransUnion, and Experian). The College will also
I agree to allow the bookstore to charge my purchases to my bursar a received on my behalf will be applied to my bursar account to pay all outhorized by me in the beakstore before any even symmetry are incur.	charges I have incurred including all charges
authorized by me in the bookstore before any overpayments are issu-	ed
My signature below indicates that I acknowledge I understand my finance and I accept the above terms.	ial responsibilities to Connors State College
·	
Signature	Date
ID Card Refund Preference Auth	orization Form
is data Rolana i Tolorono Ada	ionzation i omi
Connors State College issues refunds to students according to their refund presof completion through the date of graduation and may only be changed by the state of the state	
Money Network Authorization: The recommended and quickest method to re * Receive your refund the same day it is processed	ceive your refund!
* Account gives you "free and clear" access to your funds by using In-Network Discover® debit cards are accepted	ATMs, checks or using the card anywhere
* Funds are FDIC insured	
* Visit $\underline{www.mycampusfunds.com}$ or $\underline{www.connorsstate.edu/id}$ for more information of the contraction	tion on the account
I authorize Connors State College to deliver any credit balance, including but no electronically to the Connors State College Money Network account, which is p Connors State College reserves the right to recall or adjust any deposits impropauthorize any such recall/adjustment requests made by my Connors State College	art of my Connors State College student ID card. perly created and deposited to this account. I
The account will not incur any charges as long as I use In-Network ATMs, Mon-Discover debit cards are accepted and in accordance with the Terms and Cond	
I confirm that I have read the Terms and Conditions of the program and I under participation in the program at any time by providing written notice to Connors S	
By selecting "Do Nothing" I understand that I will continue to receive any credit to my mailing address or refunded to my credit/debit card if used as the original pick up by students.	
pick up by students. REFUND PREFERENCE PLEASE SELECT ONE ((1)
I authorize Connors State College to deliver refunds via direct deposit. banking information into the sis system before disbursement.	I understand it is my responsibility to enter my
I authorize Connors State College to deliver refunds to my ID card, as i	noted above.
Replacement ID card	Fitness Center ID only
Signature Da	te