



**UNIVERSITY OF GUAM
UNIBETSEDAT GUAHAN**

Bursar's Office

Telephone (671) 735-2945/46

REQUEST FOR TIME OPTION PAYMENT PLAN (TOPP)

TOPP CHECKLIST:

- Prefill the highlighted section of the TOPP request form.
- Make a down payment. If requesting a TOPP before the payment deadline, a 10% down payment is required. If requesting a TOPP On the payment deadline, a 50% down payment is required.
- Submit request. Submit the document in person or via email to bursar@triton.uog.edu

I, _____, SID# _____, acknowledge my debt of \$ _____ for _____ SEMESTER to the University of Guam. I promise to pay the University of Guam the **principal sum** of \$ _____ and **interest** of **\$0.00** an **administrative fee** of **\$25.00** in lawful money of the United States as follows:

** Bursar Office Staff will calculate scheduled monthly payments upon submission of this document**

\$ _____ (_____) \$ _____ (_____) \$ _____ (_____)

Estimated FAFSA: \$ _____

_____ I may be forwarded to a collection agency without warning, and I am responsible for additional late/interest fees from the University and the collection agency.

_____ An eight 1/2 percent (8.5%) per annum interest penalty will be assessed on all late, unpaid balances.

_____ I agree to abide by all the provisions of the University of Guam catalog either Undergraduate or Graduate, (depending on the status of the student) in regards to refunds, special fees, interest on payments and all other provisions.

_____ I understand that my balance must be paid in full, or my account must be current before I begin the next semester, or my registration may be canceled. A hold will be placed on my account until the balance is paid and my account may be reported to a credit bureau or collection agency.

_____ In the event that I have not paid my obligation at the end of my schedule payment, I will be unregistered from my classes. Being unregistered does not mean that I am not obligated to pay my balance.

_____ I acknowledge that should I fail to complete my payments as of the last payment date stated above, that I will be subject to any interest that accrues after said date, in addition to another \$25.00 fee to reinstate an additional TOPP (Promissory Plan).

_____ I also understand that as long as I have an outstanding balance with the University of Guam, official documents such as a transcript (includes student copy) or a diploma, will not be released.

_____ In the event I am qualified for student financial assistance, I authorize the University of Guam to credit my student account with any remaining funds after all current semester charges have been paid in full.

_____ In the event this note is placed in the hands of an attorney for collection, I agree to pay the University, in addition to the unpaid balance of principal sum, administrative fees if any, all costs and expenses of such proceeding,

including reasonable attorney's fees. In the event that this note is placed in the hands of a collection agency, I agree to pay all fees of that collection agency.

_____ Upon the happening of any of the following events, the University may at its option, forthwith accelerate maturity and the unpaid balance hereof shall thereupon immediately become due and payable without demand or notice, to wit:

- a) Failure to make 2 consecutive payments on the due date hereof; or
- b) Default in payment or performance of any of the obligations hereunder by the undersigned; or
- c) If the undersigned shall become, make a general assignment for the benefit of creditors, or if any proceedings of any nature under the Federal Bankruptcy Act, as amended, or under any state insolvency status be commenced by or against it, or a receiver be appointed or a writ of attachment or a writ of garnishment be issued or made against any of the property, assets, or income of the undersigned.

Should this note be signed by more than one person, all of the obligations herein contained shall be considered joint and several obligation of each signer hereof:

STUDENT SECTION:

Student Signature: _____

Dated this _____ day of _____ 20_____

Student ID#: _____

E-mail Address: _____

Mailing Address: _____

Phone # _____ (H) _____ (Other) _____

EMPLOYER: _____

Phone # _____ (W) _____ (Other) _____

**OPTIONAL:
PARENT/GUARANTOR SECTION:**

We the undersigned, jointly and severally guarantee the payment of this Promissory Note:

Name (Print) _____ Name (Print) _____
SS#: _____ SS#: _____

Mailing Address: _____ Mailing Address: _____

Employer: _____ Employer: _____

Phone: _____ (h) Phone: _____ (h)
_____ (w) _____ (w)

E-mail address: _____ E-mail address: _____

SIGNATURE: _____ SIGNATURE: _____

NOTE: The parent/guarantor section does not authorize the individual full access to the student's financial account. For full access please complete a FERPA form with the Bursar's Office.

FOR BURSAR'S OFFICE USE ONLY

Reviewed/Verified/Scanned by Bursar Staff (print & sign)

Date: