

# Statement of Financial Responsibility

**COMPLETE THIS DOCUMENT TO HAVE ALL STATEMENTS OF ACCOUNT AND NOTICES OF FINANCIAL OBLIGATIONS DELIVERED TO THE PROPER PARTY.**

Student's Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
*Please print*

Home Address \_\_\_\_\_  
*Street City State Zip Code*

*I, the undersigned, am financially responsible for all charges incurred while the above named student is in attendance at Western New England University. I understand that all charges for any term must be satisfied before the beginning of the next term. I further understand that finance charges will accrue on all unpaid charges and will be computed by a 'period rate' of one percent (1%) per month, which is an ANNUAL PERCENTAGE RATE of twelve percent (12%) applied to the prior balance after deducting current payments and/or credits to the account. I understand that participation in the Prepayment or Early Payments Plans will avoid finance charges as long as those plans are active and current. I agree to pay all costs related to collection of unpaid balances, including attorney fees, collection costs, and interest.*

Billing Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
*Please print*

\_\_\_\_\_  
*Signature Date*

Billing Address (if different from above):

\_\_\_\_\_  
*Street City State Zip Code*

*I, the student in attendance at Western New England University, acknowledge that if my financial responsibility is not met by the above named individual, I will ultimately be responsible for all charges incurred, as well as all costs related to collection of unpaid balances, including attorney fees, collection costs, and interest.*

\_\_\_\_\_  
*Student Signature Date*