

EMERGENCY ADVANCE FUND PROMISSORY NOTE

I, _____, TUID: _____

Agree to pay Temple University Emergency Advance in the amount of \$_____ to Temple University on or before ___/___/____. I understand that because this is an interest free advance, a Truth in Lending Statement is not required. I must be able to satisfy the following conditions: a) Have no outstanding prior balances; b) Be processed for financial aid that exceeds my semester charges; (i.e. expecting a living expense refund; c) Be registered for classes or rotations/clinics for the semester; d) Have my registration confirmed. I also understand and agree to the following provisions:

Please state reason for advance: _____

- 1) The proceeds of this advance will be charged to my Temple University tuition account for the **Fall/Spring (circle one)**_____ semester.
- 2) Withhold all grades, transcripts and other University services until the full amount which I owe including all late charges, interest on any judgment obtained by Temple and collection costs, have been paid and,
- 3) Prohibit any future registration and report my default to credit bureau and,
- 4) Refer my account to an outside collection agency or law firm for the full amount of my student account. In such case, I understand that Temple University may recover all collection costs incurred, including attorneys' fees, costs of suit and other expenses, and interest on any judgment obtained by Temple at the maximum rate that Temple may lawfully charge and,
- 5) Pursue any other remedy available at law or in equity that Temple deems appropriate.
- 6) If my advance becomes delinquent, the University reserves the right to apply any refund due to me against my outstanding balance.
- 7) Emergency Advance processing will begin no earlier than approximately 30 days prior to the start of the academic term.

I fully understand and agree to the conditions and terms of this note and intending to be legally bound, hereby have executed this note on the below listed date.

SIGNATURE BELOW MUST BE ORIGINAL. FACSIMILE WILL NOT BE ACCEPTED

NAME (Print Clearly) _____

SIGNATURE: _____ DATE: ___/___/_____

PLEASE READ THE STATEMENTS BELOW BEFORE SIGNING THIS DOCUMENT

- 1. YOU MUST HAVE A VALID PERMANENT ADDRESS ON SELF SERVICE BANNER FOR THIS ADVANCE TO BE RELEASED.**
- 2. IF YOU HAVE A VALID PERMANENT ADDRESS ON SELF SERVICE BANNER AND DIRECT DEPOSIT, THE ADVANCE WILL BE DEPOSITED INTO YOUR BANK ACCOUNT.**
- 3. IF YOU HAVE A VALID PERMANENT ADDRESS ON SELF SERVICE BANNER ONLY, THE ADVANCE WILL BE A CHECK SENT TO THE PERMANENT ADDRESS.**
- 4. IF YOU DO NOT HAVE A VALID PERMANENT ADDRESS ON SELF SERVICE BANNER THE ADVANCE WILL NOT BE SENT. YOU WILL NEED TO UPDATE YOUR ADDRESS AND SUBMIT ANOTHER PROMISSORY NOTE.**