



For Office Use Only

TERM CODE:

# PROMISSORY NOTE (Standard)

### INSTRUCTIONS:

- Fill out form and return to the cashier's office in person, by fax, email or mail (see below).
- If you email or fax your promissory note, it will not be processed to your account until we receive your initial down payment.
- If your balance is \$250 or more, a 10% down payment is required. Your installment payments must be greater or equal to your down payment.
- If your balance is \$250 or less, a \$25 down payment is required. Your installment payments must be \$25 or more.

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

### I agree to the following terms of this Promissory Note:

I understand there will be a hold on my account and academic records until my balance is paid in full. This hold will prevent me from registering for future terms and access to my grades and transcripts.

Also, I understand if I do not comply with the payment terms below, my account will be turned over to a collection agency. In the event that my account is turned over to collections, I agree to pay all collection costs including legal fees at the statutory rate, on the outstanding balance.

Term/Year Owed: \_\_\_\_\_ (example: Spring 2015)

Amount Owed: \$ \_\_\_\_\_

Down Payment: \$ \_\_\_\_\_

Balance Owed: \$ \_\_\_\_\_

One-time payment of remaining balance \$ \_\_\_\_\_ Date: \_\_\_\_\_  
(Must be paid within the next 30 days)

I would like to make payments of \$ \_\_\_\_\_  weekly  bi-weekly  monthly

My installment payments will begin on this date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized CNM Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cashiers Phone: 505.224.3471

Cashiers Fax: 505.242.3877

Cashiers Email: cnmcashiers@cnm.edu

Mailing Address: CNM, Attn: Cashiers Office, PO Box 4586, Albuquerque, NM 87196