

FACTS AUTOMATIC TUITION PAYMENT AGREEMENT

Agreement No. _____

Disc_20th

Attach Voided Check Here — Must Match Name In Section 2.

1. INSTITUTION AND STUDENT INFORMATION

Institution Name **KCTCS - BLUEGRASS COMMUNITY & TECHNICAL COLLEGE**

Please select only one: Fall-09436 Spring-09437 Summer-09438

Student ID Number Student Name Last Name First Name

Student's E-mail Address
If you provide an e-mail address, some correspondence received from FACTS may come via e-mail.

2. PAYER/RESPONSIBLE PARTY INFORMATION

To be completed by the person responsible for making payments. This person MUST be an authorized signer on the account listed in Section 3 below.

Name First Name Last Name

Address

City State Zip

Daytime Phone Area Code Ext.

Evening Phone Area Code

E-mail Address
If you provide an e-mail address, some correspondence received from FACTS may come via e-mail.

– FACTS ACCESS CODE –

To protect your privacy, create your own FACTS Access Code, which is like a password. Your FACTS Access Code must be 4-10 characters long, alpha and/or numeric, and should be easy for you to remember. You are required to verify your FACTS Access Code when calling FACTS or viewing agreement information online through My FACTS Account at www.factsmtg.com.

If a FACTS Access Code is not provided, one will be randomly assigned to your FACTS agreement and included in your FACTS Confirmation Letter.

Additional Authorized Party(s) (Optional)

First Name Last Name
 First Name Last Name

When requesting information, FACTS will verify the Additional Authorized Party's identity by asking for his/her name and the FACTS Access Code, as provided above.

The Responsible Party names the person(s) listed as an Additional Authorized Party(s), who may inquire about all agreement information and make changes to the agreement on behalf of the Responsible Party. The Responsible Party agrees that the Additional Authorized Party(s) may take any action with reference to the agreement as could be taken by the Responsible Party, except changing the name of the Additional Authorized Party(s) or FACTS Access Code. The Responsible Party agrees to be bound by any actions taken by the Additional Authorized Party(s) pursuant to the authority hereby granted.

3. PAYMENT INFORMATION

A. BANK PAYMENT INFORMATION ONLY

Payments should be made from: (Select only one)
 Checking Account OR Savings Account*

*NOTE: Savings account cannot be a passbook-type. If an account is not selected, Checking Account will be used.

Bank Name

Bank Routing #

Account #
(To be debited for both monthly payments and fees. Non-business accounts only.)

City

State Bank Phone Number

B. CREDIT CARD PAYMENT INFORMATION ONLY

Type: VISA MasterCard Discover American Express

-OR- *(Check, Debit & ATM Cards may be returned unpaid due to daily limit restrictions imposed by your bank.)*

Credit Card Number

Expiration Date
 Month Year

FOR CHECKING ACCOUNTS: Attach a voided check.
 No deposit slips please.
 FOR SAVINGS ACCOUNTS: Provide savings account number.

4. AMOUNT TO BE PAID THROUGH FACTS

Payment Date 20th of the month
 Month of First Payment
 Total Amount Budgeted through FACTS \$
 Number of Payments
 Amount of Each Payment \$

Enrollment Fee Information: The \$25 per semester nonrefundable enrollment fee will be automatically deducted **within** 14 days of this agreement being posted to the FACTS system.

Payments and Returned Payments: Should a payment be returned, it will be reattempted on the 5th of the following month, and a \$25 returned payment fee will be assessed.

5. AUTHORIZATION

Disc_20th

(X) _____ / / _____ (X) _____
 Signature required by person who is an authorized signer on the account listed in Section 3 above. Date Printed name of person who has signed this agreement

By signing this Agreement, I agree to be the Responsible Party, whether or not named as the Responsible Party in Section 2 above. I accept and agree to be bound by the terms and conditions contained within this FACTS Automatic Tuition Payment Agreement and authorize FACTS to initiate debit or charge entries to the account listed or any subsequent account provided. In the event that I am not the Responsible Party named in Section 2, then I shall be deemed to be the Responsible Party for all purposes under this Agreement and accept any FACTS Access Code or Additional Authorized Party(s) on the Agreement.

PLEASE RETURN THIS FORM DIRECTLY TO THE BLUEGRASS COMMUNITY & TECHNICAL COLLEGE BUSINESS OFFICE ON YOUR CAMPUS AT LEAST 30 DAYS PRIOR TO THE FIRST PAYMENT DATE

AUTHORIZATION: FACTS Management Co. (FACTS), Lincoln, NE has contracted with Bluegrass Community & Technical College (Institution) to act as its agent for the collection of tuition and/or fees. **As the Responsible Party whose signature appears on this agreement, you accept and agree to be bound by the agreement's terms and conditions until the total amount owed is paid in full. Additionally, you authorize FACTS to initiate debit or charge entries to the account provided or any subsequent account provided.** Your authorization will terminate when the total balance due has been paid (including fees, unless waived).

ENROLLMENT FEE: The \$25 per semester nonrefundable enrollment fee will be automatically deducted from the account provided **within 14 days** of the agreement being posted to the FACTS system. The nonrefundable enrollment fee is based upon the number of payments selected for each FACTS agreement period. If the entire balance due is not paid within the agreement period or twelve (12) months, whichever period is shorter, an agreement is in renewal. On the renewal date of such an agreement, FACTS may assess a new nonrefundable enrollment fee. If any fees are returned, they will be reattempted. Fees are subject to change in future academic years.

RETURNED PAYMENT FEE: If a payment is returned, a \$25 returned payment fee will be automatically deducted from the account provided **within 20 days**. A returned payment fee will be assessed for each payment attempt that is returned. If any fees are returned, they will be reattempted. Fees are subject to change in future academic years.

PAYMENT METHOD: If you wish to change from a checking or savings account to a credit card, or vice versa, you will need to complete a new agreement and an additional nonrefundable enrollment fee will be automatically deducted.

PAYMENT DATE: If your payment date falls on a weekend or a banking holiday observed by the Federal Reserve, the payment will be attempted on the next business day. Although FACTS specifies the date each payment will occur, your financial institution determines the time of day the payment is debited to the account.

CUSTODIAL ACCOUNT: FACTS does not guarantee payments it does not collect from you. Collected funds shall be held by FACTS as your agent until remitted to the Institution. Depending upon the Institution's policy, payments returned by your financial institution will be automatically reattempted. Refunds of any money paid to FACTS, except for any applicable FACTS fees, will be handled by the Institution according to its refund policy. Interest earned on custodial funds is payable to FACTS.

CHANGES TO AGREEMENTS:

A. You may make changes to the information you provided in this agreement by contacting the Institution. The timely application of changes depends on when they are received by FACTS; FACTS may refuse to apply changes prior to the next scheduled payment date if FACTS determines, for whatever reason, that it does not have sufficient time to act on them. In the event that you authorize additional services from the Institution, or in the event that additional fees are assessed by the Institution in accordance with its policies, you understand that the total balance due and/or payment amount will change. You agree that your authorization of any such change shall constitute your authorization to change the payment amount, and/or to continue payments until the total balance due is paid in full. **If you, as the Responsible Party, are not the student, you authorize the student to make changes to his or her schedule or activities and agree to be bound by any such changes.** You do not require FACTS or the Institution to send advance notice of any adjustments resulting from any such changed authorization, which includes any reduction in the balance due and/or payment as a result of financial aid, or any other similar cause. However, a copy of any such changed authorization is to be provided to you by the Institution.

B. If there will be any change in the preauthorized payment amount other than a change made by you, as described above, the Institution will give you notice of such changed payment amount at least ten (10) days in advance of the next scheduled payment.

C. You may revoke your authorization by sending FACTS a signed, written notification or an e-mail; upon receipt, FACTS will immediately terminate your agreement. However, terminating your agreement with FACTS in no way affects your obligation to pay the Institution, and you will be charged another nonrefundable enrollment fee if you need to begin a new agreement.

CONFIRMATION: Any and all inconsistencies in the information provided will be resolved in the confirmation notification sent to you from FACTS. Changes made by the Institution that are received by FACTS before the notification is sent may also be included. In either event, the confirmation notification shall be controlling.

GOVERNING LAW: You acknowledge that the origination of ACH transactions to your account must comply with the provisions of U.S. law. This agreement shall be governed by the laws of the State of Nebraska. The District Court of Lancaster County, NE, shall be the sole venue for filing any action. This agreement should in no way be construed to be a lender-borrower agreement between FACTS and the Institution or FACTS and you.

ARBITRATION: Upon the demand of you or FACTS, any dispute concerning the parties' duties or liabilities under this agreement shall be resolved by binding arbitration in accordance with the terms of this agreement. Arbitration proceedings shall be administered by the American Arbitration Association (AAA) or such other administrator as the parties shall mutually agree upon in accordance with the AAA Commercial Arbitration Rules. All disputes submitted to arbitration shall be resolved in accordance with the Federal Arbitration Act (Title 9 of the United States Code), notwithstanding any conflicting choice of law provision. The arbitration shall be conducted at a location in Lincoln, Nebraska selected by the AAA or other administrator. All statutes of limitation applicable to any dispute shall apply to any arbitration proceeding. All discovery activities shall be expressly limited to matters directly relevant to the dispute being arbitrated. Judgment upon any award rendered in arbitration may be entered in any court having jurisdiction.

PRIVACY POLICY: FACTS provides information management services and business solutions to educational institutions, their students, and the students' families (or guardians). In the course of providing these services, FACTS receives nonpublic personal information about these students and families. This information may be gathered from agreements, applications, and other forms, as well as any history of transactions with us. FACTS does not disclose nonpublic personal information except as permitted by law. We may, as permitted by law, share information relating to transactions with these individuals, with their educational institution, as well as with our parent company, Nelnet, Inc., and its affiliated companies. We may also share this information as necessary to complete a transaction in the ordinary course of business or as may be required under applicable law. To the extent we possess nonpublic personal information that is not a result of our transactions with the individuals, we do not share this non-transactional information. To protect nonpublic personal information from access by unauthorized parties, FACTS maintains physical, procedural, and electronic safeguards.