

# Financial Responsibility Agreement



I understand that, as a result of enrollment of my child in the Macfeat Laboratory School at Winthrop University, certain tuition charges and fees will be incurred. I agree that I am financially responsible to pay my bill, including any previous charges. I understand that failure to meet the terms of the agreement may entitle Winthrop University to (1) declare the full balance plus late fees immediately due and payable by law, (2) refuse subsequent registration for any classes and/or drop current classes, (3) deny future enrollment in any payment plan, and (4) consistent with bankruptcy and other applicable laws, withhold grades, diplomas, or transcripts, from being released until the unpaid balance, as well as all attorney fees, legal expenses, and other collection costs are paid in full. I agree to reimburse Winthrop University the fees of any collection agency, which may be based on a percentage at a maximum of 33% of the debt, and all costs and expenses including reasonable attorney's fees, Winthrop University incur in such collection efforts.

I understand that I have a continuing obligation to provide current address (email and residential) and phone information to Winthrop University. I authorize Winthrop University, the Student Financial Services Office, and their respective agents and contractors to contact me and/or my co-signers and agents regarding my tuition, fees, and ancillary charges and/or loan requests or my loan(s), at the current or any future number that I provide for my cellular phone or other wireless device using automated telephone dialing equipment or artificial or prerecorded voiced or text messages.

Child's Name \_\_\_\_\_

I accept financial responsibility \_\_\_\_\_  
Printed Name of Parent/Guardian or Responsible Party

SSN (required): \_\_\_\_\_

Social Security Number

If you prefer, you may call the office at 803-323-2219 with SSN information

Signature: \_\_\_\_\_