



### Third Party Contractual Agreement - VA

ID#:	
Name:	
Term:	

Read and initial each of the following:

- \_\_\_\_\_ I understand that a 3rd party vendor is making payment for my tuition and fees for the term listed above. If for any reason the 3<sup>rd</sup> party vendor does not cover my total charges, in full, I will be responsible for making payment for any remaining balance and will be subject to all standard collection efforts.
- \_\_\_\_\_ I understand that any refund issued to me *before* a payment is sent by the 3<sup>rd</sup> party, has the potential to be greater than the amount of the funds sent by the 3<sup>rd</sup> party. I understand I will have to repay the university any refund amount not covered by the 3<sup>rd</sup> party.
- \_\_\_\_\_ I understand that it is my responsibility to report any and all paperwork and military updates to CALV to ensure my billing information is processed correctly. Failure to do so could result in a balance due to the university and/or the VA and it will be my responsibility to pay any balance due.
- \_\_\_\_\_ I understand that I am responsible for routinely checking my breakdown bill and student email to ensure I am aware of any changes or updates pertaining to my account.
- \_\_\_\_\_ I understand that if I decide to not attend, I must formally WITHDRAW\* through the Registrar's Office and will be responsible for any prorated charges applied to my student account. If applicable, I must also notify Residence Life (housing) and Auxiliary Services (meal plan).
- \_\_\_\_\_ I understand that any funds remaining from grants/scholarships MUST be applied to my bookstore charges before an invoice is issued to the 3rd party vendor.

\*Please contact CALV (678-839-5210) if you are considering a withdrawal due to potential indebtedness with the VA

Student Signature

Date

@my.westga.edu

( )

UWG Email Address

Telephone

Notary Window

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

Date: \_\_\_\_\_