

The University of Alabama Psychology Clinic
RELEASE FOR STUDENT ACCOUNT SERVICES TO BE BILLED

I, the undersigned, hereby authorize the Psychology Clinic of the University of Alabama (PCUA) to transfer Fees for Service (Therapy and/or Evaluation) to my student account maintained by Student Account Services.

I understand that registration in classes at UA will create tuition and other associated fees being assessed to my student account. By registering for classes at UA, I understand and agree to the following:

If I fail to pay any unpaid balance on my student account, I will be personally responsible for, and agree to pay, all costs and fees of collection, including late payment fees, transcript hold fees, interest, collection fees of third party collection agencies or attorneys (up to 40% of the principal, interest and late charges accrued prior to referral to such agency or attorney), court costs, and/or any other charges necessary for the collection of this debt.

I authorize the University and/or their respective agents and contractors to contact me regarding my student account at the current or any future number that I provide including my cellular phone or other wireless device using automated telephone dialing equipment or artificial or pre-recorded voice or text messages.

This agreement is subject to the laws of the State of Alabama, without regard to its conflict or choice of law provisions. I irrevocably consent to the jurisdiction of the state and federal courts located in Tuscaloosa County, Alabama, in any lawsuit arising out of or concerning this agreement, or the enforcement of any obligations under this agreement, including any lawsuit to collect amounts that I may owe as a result of this agreement.

I further understand that transference of fees for service at the PCUA may constitute notice of my attendance at the Psychology Clinic to Student Account Services.

Student Signature

CWID

Date

Witness

Date