



Office of Cashiers Late Payment Fee Appeal Form

To appeal the late payment fee(s) applied to your student account, please fill out and return this form to:

**UMC Cashiers Office
ATTN: Appeal Committee
15 Jesse Hall
Columbia, MO 65211**

Student Name: _____

Student Number: _____

University E-mail Address (required): _____ @mizzou.edu

Provide the reason(s) you are appealing the late payment fee that assessed on your student account:

*****University of Missouri – Columbia Late Payment Policy***:**

Student accounts will be subject to a late fee of \$10.00 when payment is not received by the scheduled due date as communicated on the student's Monthly Billing Statement. If the Minimum Payment or Billed Balance Due is paid on or before the scheduled due date, as it appears on the student's Monthly Billing Statement, no late fees will apply. For more detail on this and other University policies: <http://cashiers.missouri.edu>

STUDENT SIGNATURE

The information I have provided in this appeal is accurate; I authorize the Office of Cashiers to seek additional verification or information as needed. I also understand that this appeal may result in approval or denial. I will be notified of the committee's decision via e-mail to my University issued e-mail account.

Signature

Date