

## 1% INTEREST WAIVER PETITION FORM

The 1% interest charge is based on \*RCW 43.17.240 **Debts owed to the state — Interest rate.**

\* Interest at the rate of one percent per month, or fraction thereof, shall accrue on debts owed to the state, starting on the date the debts become past due. This section does not apply to: (1) Any instance where such interest rate would conflict with the provisions of a contract or with the provisions of any other law; or (2) debts to be paid by other governmental units. The office of financial management may adopt rules specifying circumstances under which state agencies may waive interest, such as when assessment or collection of interest would not be cost-effective. This section does not affect any authority of the state to charge or collect interest under any other law on a debt owed to the state by a governmental unit. This section applies only to debts which become due on or after July 28, 1991.

**Note: Your request for waiver of interest under the criteria below must be accompanied by a detailed explanation in letter form. The letter must document all of the pertinent facts, and be accompanied by such proof as is available. This petition with all the required documentation must be received by Student Financial Services within sixty days of the incident. The requester of the waiver has the burden of proving the facts.**

According to the Office of Financial Management's guidelines specified in WAC 82-06-010, I am hereby requesting a waiver of the mandatory 1% interest assessed to my university account.

**Account Name** \_\_\_\_\_ **ID#** \_\_\_\_\_ **on date** \_\_\_\_\_ **in the amount of \$** \_\_\_\_\_.

This appeal is based on the following reason(s):

*(Mark all apply, provide explanation on the enclosed letter required with this petition, and submit documentation proving the stated facts.)*

1. \_\_\_ The late payment was caused by University error. (All students are responsible to pay for the charges on their student account on the due dates regardless if they have applied for financial aid.) If this guideline is selected, you must provide written verification from the department where the error occurred.
2. \_\_\_ The delinquency was caused by death or serious illness of (person name): \_\_\_\_\_, who is
  - (i) The person responsible for paying the debt; or
  - (ii) A person whose assistance was vital to the payment, such as an accountant; or
  - (iii) A person in the immediate family of a person in (i) or (ii) of this subsection.
3. \_\_\_ Payment was made on time, but to the wrong governmental agency.
4. \_\_\_ The delinquency was caused by destruction by fire or other casualty of the debtor's place of business, home, or records.
5. \_\_\_ The late payment was caused by natural disasters, disruptions in postal or delivery service, power failures, work stoppages due to labor disputes, or any other cause resulting from circumstances clearly beyond the control of the debtor.
6. \_\_\_ The account is subject to good faith dispute when, before the date of timely payment, notice of the dispute was either
  - (i) Sent by certified mail; or
  - (ii) Personally delivered.

I have attached a letter of explanation and all supporting documentation of the stated facts to this form.

\_\_\_\_\_  
Name of Requester

\_\_\_\_\_  
Signature of Requester

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

*Mail form, letter and supporting documents to: Student Accounts Office, Bouillon Hall 110, 400 E University Way, Ellensburg, WA 98926-7492*

*Allow 10 business days for processing. You will receive notification of the decision by mail at the home or mailing address we have on file, or by email to your CWU email account. If you have not received a response within 10 business days, visit or contact the Student Accounts Office by email at [sfs@cwu.edu](mailto:sfs@cwu.edu) or by phone at extension 3546.*