



ROZ Confirmation of Payment Agreement

To continue enrollment in the Rural Opportunity Zones (ROZ) student loan repayment program, approved participants must complete and return this Confirmation of Payment Agreement (CoPA) to the Kansas Department of Commerce (Commerce). Please review the **ROZ Payment Process** and the **ROZ Participant Requirements** listed below, sign this form, and return it to Commerce via **email** (email to: heather.pierson@ks.gov) or by **mail** (mailing address listed below). If you have any questions, please call (785) 296-5298.

Kansas Department of Commerce
 Attention: Heather Pierson
 1000 S.W. Jackson Street, Suite 100
 Topeka KS 66612

ROZ Payment Process:

- Commerce will send a check in the approved amount to the ROZ participant once matching funds have been received from the County and/or Sponsor.
- ROZ participant shall send payment, in the full amount of the original ROZ check, to their lender or lenders.
- ROZ participant shall within 90 days provide to Commerce a copy of their student loan payment history demonstrating their ROZ payment has been received and applied to the loan balance by the lender or lenders.

ROZ Participant Requirements:

- ROZ participant agrees to receive payment from Commerce for the approved amount.
- ROZ participant agrees to send payment, equal to the full amount received from Commerce, to the lender(s) of an eligible student loan account in one lump sum. The full amount can be split between multiple lender loans.
- ROZ participant agrees to provide a copy of their student loan payment history to Commerce via email, fax or mail within 90 days of your receiving payment, in order to verify payment has been received and credited to the account with the lender or lenders.
- ROZ participant understands that authorization and release of future ROZ payments is contingent upon maintaining residency in the ROZ County of enrollment and verification of completed payment(s) to student loan account(s).

I have read the **ROZ Payment Process** and the **ROZ Participant Requirements** and hereby agree to abide by the terms and conditions of this ROZ Confirmation of Payment Agreement:

 ROZ Participant Signature

 Date (MM/DD/YYYY)

ROZ Identification Number _____ ROZ County _____ ROZ Amount \$ _____
 (Please note that Commerce cannot accept this form without your ROZ Identification Number)

Name _____

P.O. Box Address _____ City _____ St. _____ Zip _____

Physical Address _____ City _____ St. _____ Zip _____

Phone Number _____ Cell Number _____

E-mail Address _____