

**TUITION REIMBURSEMENT PROGRAM  
DEFERRED PAYMENT AGREEMENT**

**Student Accts. Office, Niagara University, PO Box 2004, Niagara University, NY 14109  
TEL: (716) 286-8300 – EMAIL: [sao@niagara.edu](mailto:sao@niagara.edu)**

**Student #:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

I request participation in the above program because my employer will reimburse me for **TUITION CHARGES** upon receipt of my grades for this semester. I promise to pay the **TUITION CHARGES** indicated below together with all attorney's fees and related costs and charges for the collection of any amount not paid when in default according to the terms of this agreement. **Please complete the following and sign below:**

<b>SEMESTER APPLYING FOR:</b> _____			
<b>STREET ADDRESS:</b> _____			
<b>CITY:</b> _____	<b>STATE:</b> _____	<b>ZIP CODE:</b> _____	<b>COUNTRY:</b> _____
<b>PHONE: (        )</b> _____		<b>EMPLOYER:</b> _____	

The maker understands and agrees, and it is understood between the parties that:

The student accounts office will issue a statement of account each semester for the courses registered for that specific semester. (It is the responsibility of the student to ensure that they are properly registered for all classes at the beginning of the each semester)

In order to be eligible for payment to be deferred the student must **submit this completed form, a copy of your employer's reimbursement policy, a copy of your most recent paystub, plus a non refundable \$10.00 fee.**

**Mail this application, employer reimbursement policy information, and a copy of most recent paystub to: No deferment will be processed unless all requirements are met.**

**Student Accounts Office  
PO Box 2004  
Niagara University, NY 14109-2004**

\*This agreement is not valid until accepted by the Student Accounts Office. The maker agrees to immediately inform the Bursar's Office of any change of address. The maker certifies that he (she) is eighteen years of age or older. **A 2% late fee will be accessed if payment is late.** Failure to make payment may result in cancellation of courses you enroll in through the registration process for future semesters.

· **DEFAULT: IN THE EVENT OF FAILURE TO MEET THE SCHEDULED INSTALLMENT, THIS AGREEMENT SHALL BE CONSIDERED IN DEFAULT. FAILURE TO MAKE THE REQUIRED PAYMENT ON TIME MAY DISQUALIFY THE MAKER FROM CONTINUED PARTICIPATION IN THIS PROGRAM. IT IS THE POLICY OF THE UNIVERSITY TO DENY SERVICES TO THE MAKER FOR AS LONG AS THIS AGREEMENT REMAINS UNPAID. FURTHER, IT IS UNDERSTOOD THAT THE UNIVERSITY MAY DISCLOSE THAT THE MAKER HAS DEFAULTED, ALONG WITH OTHER RELEVANT INFORMATION, TO CREDIT BUREAU ORGANIZATIONS.**

<b>SIGNATURE</b> _____	<b>DATE:</b> _____
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Additional forms may be downloaded at our website at [www.niagara.edu/accounts](http://www.niagara.edu/accounts).