



# COMPANY REIMBURSEMENT PROGRAM DEFERRED PAYMENT AGREEMENT

Office of Records and Financial Services

Students who are reimbursed by their employer may defer the payment of tuition by complying with the following procedure:

- The student must pay a nonrefundable \$10 deferred tuition fee **each semester**
- Company Reimbursement paperwork should be submitted by the payment due date for each semester deferment is requested
- The student must submit a copy of their company's reimbursement policy
- The student must submit a copy of their most recent pay stub each semester
- If the employer requires grades for reimbursement the deferred payment must be received no later than 30 days after the end of the semester.

## EMPLOYER CERTIFICATION

This will certify that \_\_\_\_\_ is eligible for tuition reimbursement for the  Fall  Spring  Summer semester 20\_\_\_\_ and will receive \$\_\_\_\_\_ tuition reimbursement upon meeting the requirements of the company's tuition reimbursement plan.

NAME OF COMPANY

AUTHORIZED SIGNATURE

DATE

PRINTED NAME

TITLE

## PROMISSORY NOTE / CONTRACT

I, \_\_\_\_\_ STUDENT NAME STUDENT ID#

promise to pay Niagara University the balance due on my account of \$\_\_\_\_\_ for tuition fees and other charges for the  Fall  Spring  Summer semester 20\_\_\_\_ in accordance with my employer's tuition assistance policy in addition to the nonrefundable \$10 deferred tuition fee. 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 understand that I must pay any portion of my bill not covered by my employer's tuition assistance policy. I promise to pay the tuition charges 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. A 2% late fee may be assessed if payment is late as well as any collection fees or attorney fees needed to collect the balance not paid when due. This agreement is not valid until accepted by the Student Accounts Office. I agree to immediately inform the Student Accounts Office of any change of address or employment. I certify that I am eighteen years of age or older.

Failure to adhere to payment due dates may result in the balance becoming immediately due and may jeopardize future eligibility in any payment programs or attendance at Niagara University. In the event of failure to meet the scheduled installment, this agreement shall be considered in default. 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 the credit bureau organizations.

**SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_