

ENROLLMENT SERVICES Office of Student Financial Services 901 12th Avenue, PO Box 222000 Seattle, WA 98122-1090

Tel: (206) 220-8020 Fax: (206) 296-5755 financialservices@seattleu.edu

PAYMENT PLAN E: EMPLOYER TUITION REIMBURSEMENT DEFERRED PAYMENT PLAN

Each quarter's charges must be paid in full, or payment arrangements made, no later than the due date. All charges on the quarterly SU student account invoice are due on the following dates or 14 days after registration, whichever is later:

> Summer Quarter: June 20 Fall Quarter: September 20 Winter Quarter: December 20 Spring Quarter: March 20

This is a quarterly plan for students who will be reimbursed by their employer for some or all of their tuition costs after they complete their coursework. The plan allows students to defer full or partial payment of tuition and fees based on documented assurance from the student's employer that a specific amount will be paid to the student who will immediately make payment to the University. The employer may not be the student's or student's parent-owned business. This plan extends the payment due date for tuition and associated fees to 30 calendar days after grades are officially posted. The plan must be renewed each quarter the student would like to participate. It is the student's responsibility to ensure that payment is made by the assigned due date even if reimbursement from the employer is delayed or withheld.

The completed application form must be accompanied by:

1. A \$30 non-refundable enrollment fee, paid by check or via SU Online, and

SFS Approval

2. An original letter, on the employer's company letterhead, specifying the terms of reimbursement.

The completed application and \$30 payment must be received no later than the student's tuition due date each quarter as given above. Be sure to provide ALL the information requested below. An incomplete application may cause the student to be responsible for late fees and/or reasonable collection fees.

	This application is for (check only one box): ☐ Summer 2023	☐ Fall 2023 ☐ Winter 2024	☐ Spring 2024
Student's Name _		Seattle U ID	
Student's Email _		Student's Phone	
Student's Employ	yer		
Employer's Contact Person Contact Person			
	anteed with the following credit card that will be used only in too to to collect the \$30 fee:	the event the scheduled payment is n	not made as agreed. Please note the
Credit Card #			
	Visa or MasterCard Only – 16 digits required	E	xpiration Date
Cardholder Name	e as Printed on the Card		
	MY SIGNATURE BELOW CERTIFIES THAT	T I UNDERSTAND AND AGREE T	ГНАТ:
 It is my responsive by Seattle University The University If I fail to many above for the If I fail to many above for the<th>a my responsibility to make payment to Seattle University by the onsibility to provide all necessary information, including grades, to niversity by the due date. Ity may contact my employer to determine if I am still eligible for the ake payment as agreed, I may not be allowed to use this payment per amount due. I further authorize Seattle University to charge and coake payment as agreed and my credit card authorization does not my account will be subject to standard collection actions and charge aparticipant, hereby apply for enrollment in Seattle University's Payloyer with this form. My signature below confirms my understant will be required to make timely payment in accordance with plant's Seattle University incurs in collecting the balance, including its is a temporary extension of credit and constitutes an educational of the plant (specifically, the U.S. Bankruptcy Code, as it may be amendated).</th><th>o my employer in a timely manner in or uition reimbursement. olan in the future and Seattle University ollect a 2.5% fee when processing this of successfully pay the balance owed, I s for delinquent accounts at Seattle University drayment Plan E and am including the \$ anding that this service is offered by Sea so due date. I understand that if I fail to reasonable attorney fees, collection of loan with Seattle University that may</th><th>is authorized to charge the credit card redit card payment. will be charged a \$100 collection fee versity. 30 non-refundable enrollment fee and ttle University as an optional paymen make payment as scheduled I will be osts and finance charges. Further,</th>	a my responsibility to make payment to Seattle University by the onsibility to provide all necessary information, including grades, to niversity by the due date. Ity may contact my employer to determine if I am still eligible for the ake payment as agreed, I may not be allowed to use this payment per amount due. I further authorize Seattle University to charge and coake payment as agreed and my credit card authorization does not my account will be subject to standard collection actions and charge aparticipant, hereby apply for enrollment in Seattle University's Payloyer with this form. My signature below confirms my understant will be required to make timely payment in accordance with plant's Seattle University incurs in collecting the balance, including its is a temporary extension of credit and constitutes an educational of the plant (specifically, the U.S. Bankruptcy Code, as it may be amendated).	o my employer in a timely manner in or uition reimbursement. olan in the future and Seattle University ollect a 2.5% fee when processing this of successfully pay the balance owed, I s for delinquent accounts at Seattle University drayment Plan E and am including the \$ anding that this service is offered by Sea so due date. I understand that if I fail to reasonable attorney fees, collection of loan with Seattle University that may	is authorized to charge the credit card redit card payment. will be charged a \$100 collection fee versity. 30 non-refundable enrollment fee and ttle University as an optional paymen make payment as scheduled I will be osts and finance charges. Further,
Student's Signatu	ire		Date
	FOR SFS OFFICE U	USE ONLY:	
Amount to	be Deferred: \$	Payment Due Date:	