SEATTLE UNIVERSITY

ENROLLMENT SERVICES
Office of Student Financial Services
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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
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 2020 ☐ Fall 2020 ☐ Winter 2021 ☐ Spring 2021

Student's Name _____ Seattle U ID_____

Student's Email _____ Student's Phone _____

Student's Employer _____

Employer's Contact Person _____ Contact Person's Phone _____

*Payment is guaranteed with the following credit card that will be used only in the event the scheduled payment is not made as agreed. Please note the credit card will **not** be used to collect the $30 fee:*

Credit Card # ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___ _____
Visa or MasterCard Only – 16 digits required Expiration Date

Cardholder Name as Printed on the Card _____

MY SIGNATURE BELOW CERTIFIES THAT I UNDERSTAND AND AGREE THAT:

- **I am fully responsible for full payment of all tuition and fees by the indicated due date regardless of whether or not I receive payment from my employer. Receiving an "N" grade and/or failure to receive a grade, a passing grade, a minimum grade point average or to complete class(es) does not diminish my responsibility to make payment to Seattle University by the due date.**
- It is my responsibility to provide all necessary information, including grades, to my employer in a timely manner in order to ensure that payment is received by Seattle University by the due date.
- The University may contact my employer to determine if I am still eligible for tuition reimbursement.
- If I fail to make payment as agreed, I may not be allowed to use this payment plan in the future and Seattle University is authorized to charge the credit card above for the amount due. I further authorize Seattle University to charge and collect a 2.5% fee when processing this credit card payment.
- If I fail to make payment as agreed and my credit card authorization does not successfully pay the balance owed, I will be charged a $100 collection fee. Thereafter, my account will be subject to standard collection actions and charges for delinquent accounts at Seattle University.

I, the undersigned participant, hereby apply for enrollment in Seattle University's Payment Plan E and am including the $30 non-refundable enrollment fee and letter from my employer with this form. My signature below confirms my understanding that this service is offered by Seattle University as an optional payment method and that I will be required to make timely payment in accordance with plan's due date. I understand that if I fail to make payment as scheduled I will be liable for all costs Seattle University incurs in collecting the balance, including reasonable attorney fees, collection costs and finance charges. Further, I understand that this is a temporary extension of credit and constitutes an educational loan with Seattle University that may not be discharged under the provisions of federal bankruptcy law (specifically, the U.S. Bankruptcy Code, as it may be amended from time to time).

Student's Signature Date

FOR SFS OFFICE USE ONLY:

Amount to be Deferred: $ _____ Payment Due Date: _____

SFS Approval _____ Date _____