



OTTERBEIN COLLEGE

DEFERRED PAYMENT PLAN

This form must be filed no later than the end of the second week of **EACH TERM** the Deferred Payment Plan is to be used. Forms submitted after the second Friday of the term will be returned unprocessed. Complete and return this form to the Business Office. The Business Office will then process and return a completed copy to you.

FINAL PAYMENT DUE DATES FOR THE ACADEMIC YEAR ARE:

AUTUMN QUARTER	DEC 20
WINTER QUARTER	APRIL 20
SPRING QUARTER	JUNE 20
SUMMER QUARTER	SEPT 20

NAME _____ **Student I.D. #** _____
 (Please Print) LAST FIRST
ADDRESS _____ Phone _____

 City State Zip

I certify that my employer _____ has a program of tuition reimbursement for which I qualify.

In consideration of a deferred payment plan for the _____ term of the _____ school year, I agree to the following:

1. My employer's program provides for a ____% reimbursement upon successful completion of the course(s) attempted. This percentage is the maximum that may be considered for deferment and a minimum payment of **\$20.00 for each quarter hour is required prior to the beginning of the term** stated above, as good faith money.
2. I understand there will be a **\$35.00 service charge** assessed for EACH term the deferred plan is used.
3. Payment of the amount deferred is due in full no later than the date indicated above after the end of the term. Failure to pay by that time will result in late payment charges and may result in cancellation of and/or ability to register for future terms. Graduating students must pay all deferred fees before graduating.
4. I have read and am familiar with the college policies pertaining to add/drop and withdrawal policies and agree to be totally responsible for all fees if the employer reimbursement is forfeited as a result of such or for any reason whatsoever.

Dated at Westerville, Ohio this _____ day of _____, 200_____.

Signature

Accepted for Otterbein College by: _____
Signature

FOR BUSINESS OFFICE USE ONLY:

TUITION, FEES (Lab, Seminar, etc)	= \$	_____
SERVICE CHARGE	+ \$	35.00
TOTAL FEES	= \$	_____
DUE IMMEDIATELY DEPOSIT (\$20.00/CR. HR)	- \$	_____
AMOUNT DEFERRED	\$	_____

RECEIVED BY FAX: _____ DATE PROCESSED: _____
DEFERMENT DUE DATE: _____

****NOTE - We do not bill for this deferred payment due. This represents your bill.****

