

Business Office Contact Information: 717-361-1417 or businessoffice@etown.edu

DEFERRED PAYMENT FORM – SGPS PROGRAM

This form is authorized for use only by those students who receive employer tuition reimbursement. All other students are required to submit payment in full prior to the beginning of the course. Any payment from your employer must be remitted to the College within 30 days after each course ends. If payment is not received, this form will be utilized for the payment of the outstanding balance due 30 days after the course ends. Information regarding any potential charges will be emailed 2-3 days prior to the payment being processed.

Name _____ Date _____ Student ID _____

Employer _____

Employer's Address _____

City, State, Zip _____

Employer Contact _____ Phone # _____

Payment is required within 30 days of the completion of each course. Valid credit/debit card or bank information must be on file that will automatically be charged for tuition and fee balances that remain outstanding 30 days after each course ends. We accept all major credit cards. **There is a non-refundable 2.85% transaction fee for each credit or debit card payment.** If bank account information is provided on the form for payment via electronic check, no additional transaction fees are incurred.

Authorization Statement

I authorize Elizabethtown College to charge the following credit/debit card or bank account for any tuition and related course fees outstanding 30 days after each course ends. I agree that this authorization form may be used for all courses that I register for at Elizabethtown College regardless of the grade that may be received. I further agree to provide updated credit/debit card or bank account information to Elizabethtown College if my credit/debit card or bank information should expire or otherwise change. I understand that my credit/debit card or bank account will be charged 30 days after each course ends if tuition and related course fees remain outstanding, regardless of the status of my employer tuition reimbursement. **I understand that if a credit/debit card is provided for payment, I will be charged the tuition and fee amount due plus a non-refundable 2.85% transaction fee on the total payment amount.** I will *not* be charged an additional transaction fee for bank account/electronic check payments.

If my payment should be declined, monthly finance charges of 1.5% on outstanding balances will be retroactively assessed to the first day of the course and my account will be subject to a \$50.00 late payment fee. I will not be permitted to register for future sessions or receive official academic transcripts until my account is paid in full. I will also be prohibited from participating in the deferred payment program for future courses.

Student Signature

Date

CREDIT CARD (2.85% fee)

Card Type:

Visa Discover Mastercard American Express

Card #: _____

Expiration Date: _____ Zip Code: _____

CVV2 # _____

(3 digit security code for Visa/MasterCard/Discover or 4 digit security code for American Express)

OR

ELECTRONIC CHECK (ACH):

Bank Name _____

Bank Address _____

Bank Routing Number _____

Checking Account # _____

or Savings Account # _____

Name on Account _____