

Employer Reimbursement Deferred Payment Agreement
Iowa State University – Accounts Receivable Office
2009-2010 Academic Year

Iowa State University must receive an updated form each academic year. If there is a change in employment that invalidates this form the Accounts Receivable Office must be notified either to negotiate a new agreement and/or to terminate the affected agreement. A \$35.00 deferred payment fee and any portion of the charges for the term which are not subject to this agreement must be paid in full by the specified billing due date. The deferred portion of your charges must be paid by the specified date (approximately 30 days from the date grades are posted to AccessPlus) regardless of the status of your reimbursement from your employer. Your employer has no liability to Iowa State University and this agreement will not initiate billings to them. All agreements must be received prior to the first day of classes for the given term.

To be completed by Student:

Name: University ID:

Address: (Street) (City) (State) (Zip code)

Telephone: (Home) (Work) Email:

Upon completion of registration the student agrees to pay the total amount of tuition and other charges set forth. If the student withdraws from the University for any reason and in accordance with University Policy all remaining tuition and other charges are immediately due and payable. All amounts paid after the due date may accrue interest at the rate allowable under the law. In addition, the student agrees to pay all collection costs and reasonable attorney's fees if the University takes action against the student to recover any past due amounts. This agreement signed in Ames, IA

Student Signature

Date

Important! If you are receiving or applying for financial aid you must report any tuition reimbursement benefit amounts to the Financial Aid Office. You are not eligible to participate in this deferral if you are expecting excess funds from your financial aid after charges are paid.

To be completed by Employer (for employee benefit certification):

Employer Name: Contact Person:

Contact Telephone: Contact email:

Please indicate the reimbursement period below:

Academic Year 2009-10: Summer '09 Fall '09 Spring '10

Term \$ Maximum (if any): Summer Fall Spring

Category allowed for reimbursement (check all that apply): Tuition Mandatory Fees

Authorized Signature of Certifying Official

Date

The Accounts Receivable Office will accept fax copies at (515) 294-3196 or via U.S. mail at 0880 Beardshear Hall, Ames, IA 50011

ISU Office Use: Date Received:

