

**SAINT MICHAEL'S COLLEGE**

Attention: Student Account Office

One Winooski Park, Colchester, VT 05439 • 802.654.2553

**DEFERRED PAYMENT AGREEMENT**

*This form is for students who receive employer tuition benefits, which are dependent upon successful completion of the course(s).*

***The employer must sign below for us to process this form.***

**DEFERRED PAYMENT POLICIES**

- There is a \$10 deferred payment fee per term, per course, which must be paid upon registration, and prior to the first day of classes.
- It is the student's obligation to pay tuition, fees, and any additional amounts related to the courses for which s/he is registered regardless of the employer's promise to pay.
- Payment is due within 30 days of grades being released. If payment is not received within 30 days from the day grades are released, the account will be in arrears and collection activity will begin.
- Collection activity will include referral to a collection agency. The delinquency will be reported to a credit bureau. Application for future Saint Michael's College financial aid may be denied, as well as services and access to classes.
- The student agrees to pay all associated collection costs and expenses including reasonable attorney's fees.

*Questions? Contact the Student Account Office. If inquiring about an existing account, please refer to your SMC ID number.*

Student Name \_\_\_\_\_ SMC ID No. \_\_\_\_\_  
Last First MI

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Representative \_\_\_\_\_  
Name Title Date

Employer Representative's Signature \_\_\_\_\_  
*Employer must sign to process.*

YEAR \_\_\_\_\_ TERM:  Fall  Spring  Summer

Course No.	Course Title	No. of Credits	Tuition
		<b>Total:</b>	

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*By signing, student agrees to payment policies*