SAINT MICHAEL'S COLLEGE

Attention: Student Financial Services
One Winooski Park, Colchester, VT 05439
finaid@smcvt.edu
802.654.3243 • Fax: 802.654.2591

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

- **This form is required each term upon registration. Student may view and print their student account statement for their employer at the Self-Service portal: https://selfservice.smcvt.edu/student. Saint Michael's College does NOT provide third party billing.**
- **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.**
- **To the extent permitted by Vermont law, which shall govern and control this agreement, the student agrees to pay all associated collection costs and expenses, including reasonable attorney's fees and fees of any collection agency, which may be based on a percentage at a maximum of 33.3% of the principal amount owed.**

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 Number	Course Title	Number of Credits	Tuition
		Total:	

Student Signature_____ Date _____
By signing, student agrees to payment policies

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