



715 North Avenue
New Rochelle, NY 10801

Employer Deferred Tuition Agreement

Academic Term _____

Name _____ Student ID Number _____

Employer _____

At time of registration, all participants in this program are required to pay a \$35 deferment fee and any charges not covered by your employer's tuition reimbursement plan. You may only defer payments of the charges your employer has agreed to pay.

Payment is due 30 calendar days after the official date grades are due.

If payment is not received by the date above your credit card will be charged the complete balance for the semester/trimester. If there is a problem processing your credit card, your account will be charged an additional \$75 late payment fee. You may also be responsible for any necessary legal and / or collection costs incurred by Iona College in attempts to collect this balance. A hold will be placed on your records at Iona and you will not be allowed to register for future terms until your account is cleared. In addition you may lose the privilege of using the Employer Deferred Tuition Plan for future semesters.

CREDIT CARD AUTHORIZATION FOR COMPANY DEFERMENT

AMOUNT: Payment in Full for academic term indicated above or any previous balance.

CARD NUMBER _____

EXP. DATE _____ IDENT CODE* _____

AUTHORIZED SIGNATURE: _____

PHONE NUMBER _____

*For VISA/MasterCard and Discover, this is the last 3 digits of the number found on the back of the card.
For AMEX, this is the 4-digit number printed on the front of the card

I understand the terms and conditions of this agreement and understand that all charges incurred by me as a student at Iona College are my sole responsibility. I give Iona College authorization to charge the above credit card on/after the above due date for my balance.

Signature _____ Date _____

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