



EMPLOYER SPONSORED PAYMENT PLAN

The Employer Sponsored Payment Plan (ESP) gives students receiving employment benefits the opportunity to defer tuition payment until the end of the semester. This gives the student the opportunity to receive their employer's tuition benefit before the tuition is due (dates listed below). This form must be completed each quarter the plan is desired. **The plan covers tuition and the activity fee.**

Note: This form must be completed and submitted within the first week of classes or eligibility for the plan is forfeited. Students must have a payment agreement on file before this form can be processed.

EMPLOYER CERTIFICATION

This will certify that _____ is eligible for tuition reimbursement for the Summer Fall Winter Spring quarter 20____ and will receive _____ % tuition reimbursement from this course upon meeting the requirements of the company's tuition reimbursement plan.

NAME OF COMPANY

AUTHORIZED SIGNATURE DATE

PRINTED NAME TITLE

CONTACT PHONE NUMBER CONTACT E-MAIL ADDRESS

EMPLOYEE AGREEMENT

I agree that **payment will be made** on the tuition due date below, by charging my credit card as listed below. If payment has been made prior to the date below, my credit card will not be charged. I further certify that if my credit card authorization is declined by my credit card company for any reason, the University has the right to assess collection costs, late payment fees, and place a hold on my account that prevents further registration and printing of transcripts. Should my student account remain unpaid at the time I leave the University I am obligated to pay those fees as billed. I also understand that should I drop a class, I am subject to the published refund schedule.

STUDENT SIGNATURE DATE

PRINTED STUDENT NAME STUDENT ID NUMBER

HOME ADDRESS - STREET

CITY STATE ZIP

HOME PHONE NUMBER BUSINESS PHONE NUMBER E-MAIL ADDRESS

| | | | | |
|-------------------------|--------------------------|-------------------------|----------------------|-------------------------|
| PAYMENT SCHEDULE | SUMMER Due October 10 | FALL Due February 10 | WINTER Due May 10 | SPRING Due August 10 |
|-------------------------|--------------------------|-------------------------|----------------------|-------------------------|

We cannot accept debit cards for payment.

VISA Card Number _____ Expiration Date _____ / _____

Discover Card Identification Data _____ Amount _____
REQUIRED FOR DISCOVER ONLY - LAST 3 DIGITS OF NUMBER ON BACK OF CARD IN SIGNATURE STRIP

Mastercard Cardholder Name _____
PLEASE PRINT

Cardholder Signature _____

Return this form to the Bursar's Office, 330 Meliora Hall, Fax: (585) 461-3356. Please keep a copy for your records.

Office of the Bursar
P.O. Box 270037
Rochester, New York 14627-0037(585) 275-3931 Fax: (585) 461-335