



**EMPLOYER DEFERRAL APPLICATION AND PROMISE TO PAY**  
**Term: Fall 2017**

Office of Student Accounts and Bursar Services • (718) 862-7961 • email: studentaccounts@manhattan.edu

Last Name:  First Name:

ID #:

Email:  mandatory field Day Phone:

I am requesting a deferral of payment deadline in the amount of  \$ , .  
▲ (List current outstanding balance. Do not subtract any pending financial aid)

Employer Name: \_\_\_\_\_

Amount to be reimbursed by employer: \$ \_\_\_\_\_

Payment Date anticipated: \_\_\_\_\_

**SEE PAGE 2 FOR IMPORTANT INFORMATION REQUIRED OF YOUR EMPLOYER.**

This DEFERRAL AND PROMISE TO PAY, if approved, is my personal obligation. Signing this statement obligates me to make payment in full by the agreed date. **Fall 2017 employer deferment deadline is December 29, 2017.** If my request is based on anticipated financial aid or other funding, failure to receive such funds does not excuse my financial obligation to make payment in full of the amount shown or the balance on my student tuition account, whichever is greater. I understand my student tuition account will be charged a **fee of \$100** to execute this agreement, and it must be paid in advance or at the time of the deferral application. Only deferrals accompanied with the \$100 fee can be processed. Deferrals can be processed in person. We can accept faxed deferrals with a credit card payment authorization form (see last page for details).

This form, **when signed**, serves as a PAYMENT ARRANGEMENT for the term noted above and you will not be dropped or disenrolled from your courses. Non-attendance does not constitute reversal of tuition/fees liability. When this document is submitted to the Office of Student Accounts and Bursar Services, the student incurs full liability for the amount shown herein or the total balance of the term account, whichever is greater. Failure to pay this account by the approved deferral due date will result in the imposition of additional fees and a block on student's records, grades, transcripts and future registration at Manhattan College. Please note the College charges a 1% interest penalty per month, on any balance greater than thirty days.

I fully understand the terms and conditions of this DEFERRAL AND PROMISE TO PAY and fully accept this debt as my personal responsibility. I will make payment in full on or before the agreed deferral due date assigned by the Office of Student Accounts and Bursar Services. I further understand, and agree to reimburse Manhattan College the fees of any collection agency, which may be based on a percentage at a maximum of 40% of the debt, and all costs and expenses, including reasonable attorneys' fees, incurred by Manhattan College in such collection efforts. Furthermore, I authorize Manhattan College and/or its agents to contact any school, employer or other parties to obtain information concerning my status or other information necessary in the collections of any debt owed the college. Also, I agree that by providing my mobile phone number, I authorize Manhattan College and their agents to contact me regarding payment matters. Finally, I acknowledge having read, accepted and received an exact copy of this agreement.

\_\_\_\_\_  
Student Signature/Date

\_\_\_\_\_  
Parent Signature/Date

Bursar Authorization/Date



## EMPLOYER DEFERRAL APPLICATION AND PROMISE TO PAY

### Deferral Applications can be filed:

- **In person**- visit the Office of Student Accounts and Bursar Services in Miguel Hall, Room 100
- **Email**- send as a scanned PDF attachment to [StudentAccounts@manhattan.edu](mailto:StudentAccounts@manhattan.edu)

### Submit these two pages along with:

- (1) The complete application with **student signature** and a **valid email address**
- (2) Payment of **\$100** - use the credit card authorization form below if faxing/scanning
- (3) A company letter or a copy of your employer's policy on tuition reimbursement

\*\* Note: If your employer does not offer 100% reimbursement, you must include your out of pocket cost with your \$100 deferral fee by the tuition deadline.

### MANHATTAN COLLEGE CREDIT CARD PAYMENT FORM

*(Please print)*

\_\_\_\_\_  
Student ID Number

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

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Select Card Type:

MC

VISA

AMEX

DISCOVER

\_\_\_\_\_/\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
CVV number

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Credit Card Number

\$\_\_\_\_\_  
Charge Amount

Print Name as it appears on card: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_