

**Defiance College  
Deferred Payment Option (DPO) Application Form  
Returning Students**

**Instructions for DPO participation:**

Submission/completion of the following documents prior to published due dates (Aug 1, Dec 1, and April 24)

1. Completed application for deferred payment (both pages)
2. Signed documentation of employer tuition reimbursement approval
3. Registration Agreement in MyDC (completed at time of scheduling)
4. Payment of 100% of non-covered expenses

Please return the application and accompanying documentation to the Defiance College Business Office, Defiance Hall 213 or email to [businessoffice@defiance.edu](mailto:businessoffice@defiance.edu). Contact the Business Office for assistance at 419-783-2550.

**Student Information**

Academic Year: \_\_\_\_\_ Semester: Fall \_\_\_\_\_ Spring \_\_\_\_\_

Summer Terms: SSI \_\_\_\_\_ SSII \_\_\_\_\_ All Summer \_\_\_\_\_

Name: \_\_\_\_\_ Student ID \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

**Employer Contact Information**

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

Employer Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ FAX Number: \_\_\_\_\_

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

Email address: \_\_\_\_\_

**If you are not required to complete pre-approval paperwork for your employer, please complete the following:**

Eligible Tuition Amount \_\_\_\_\_ Eligible Fees Amount \_\_\_\_\_

Employer Contact Signature \_\_\_\_\_

**Payment Information**

Circle One:    VISA            MASTERCARD            DISCOVER

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Name as appears on card: \_\_\_\_\_

Security Code on back of card: \_\_\_\_\_

I, the undersigned, hereby promise to pay Defiance College under the terms and conditions of this option.

- ***I understand that I am responsible for any unpaid balance.***
- I may be charged a \$100 late fee and the above credit card may be charged the total tuition due to the college, if I fail to meet the published deadline.
- The above deadline is 30 days after grades are posted for the semester.
- I also understand that failure to meet any of the terms of this payment option may cause any participation in this option to be cancelled.
- I understand that if payment by credit card is dishonored, the result will be “Financial Hold” on my account, which will prevent further registration and restrict my ability to receive official college documents.
- I further understand that if I fail to repay the balance as agreed, collection action will be taken against me and I will be dropped immediately from any enrolled course.
- I understand that I will be assessed and required to pay any costs incurred in the collection process of this balance including, but not limited to, collection and litigation costs.
- I understand that Defiance College has reserved the right to cancel this agreement at any time should the above information change.
- I have attached current documentation of deferred payment.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

.....  
Company Contact Date: \_\_\_\_\_

DC Representative Initials: \_\_\_\_\_

Final Determination:    Approved \_\_\_\_\_    Amount \_\_\_\_\_  
   Denied \_\_\_\_\_

Date of Confirmation: \_\_\_\_\_