

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

Instructions for DPO participation:

Submission of the following documents prior to published due dates (Aug 1, Dec 1, and May 1)

1. Completed application for deferred payment
2. Signed documentation of employer tuition reimbursement approval
3. Signed billing statement
4. Payment of 50% of eligible tuition deferment
5. Payment of 100% of non-covered expenses

Student Information

Academic Year: _____

Semester: Fall____ Spring____

Summer Terms: SSI____ SSII____ Weekend College____

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: _____

Payment Information

Circle One: VISA MASTERCARD DISCOVER

Credit Card Number: _____

Expiration Date: _____ Name as appears on 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 will be charged a \$100 late fee and the above credit card will be charged the total tuition due to the college, if I fail to meet the published deadline.
- I also understand that failure to meet any of the terms of this payment option will cause any participation in this option to be cancelled.
- I understand that if payment by credit card fails, 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: _____

CAP Representative Initials: _____

Final Determination: Approved _____ Denied _____

Date Letter Mailed: _____