

Tuition Reimbursement Payment Agreement Form

Term: _____ Student ID: _____ Program: _____

Student Name: _____ Phone Number: _____

Employer: _____ Employer Phone Number: _____

Student must read and initial the following statement of understanding:

_____ I understand a statement/receipt can be obtained via the student portal or will be provided upon request.

_____ I understand that should my company be unable or refuse to pay any or all of my tuition, the remaining balance on my student account is my responsibility.

_____ I understand that office transcripts will not be released and registration for future classes will be restricted if full payment is not made by the due date.

_____ I understand that if my card is declined, current registrations as well as future registrations will be subject to cancellation.

_____ I understand that withdrawal from the College voids this agreement. New balance as a result of withdrawal calculation becomes due immediately must be paid in full.

Full tuition and fees balance due 30 days after the semester has commenced.

Payment Information

Credit Card #:	Exp Date:		
Card Holder Name:			
Card Holder Address:	City:	State:	Zip:
Card Holder Signature: Date:			

Tuition will be assessed via the credit card listed above, on the 30th day following the end of the term with a 2.75% credit card convenience fee applied. If student's account is paid in full, card will not be run. If the card is declined and account becomes 90 days past due SLCHS reserves the right to forward the remaining balance and any fees to our collection agency. This will impact the student's future enrollment as well as their credit report. The undersigned agrees to pay any collection agency fees.

Your signature below indicates that you agree to the terms of this payment agreement.

Student Signature: _____

Date: _____