

# TUITION REIMBURSEMENT PAYMENT PLAN- SUMMER 2020

MAIL TO: Bursar Office, UNIVERSITY OF LOUISVILLE, LOUISVILLE KY 40292

TEL: (502) 852-6503 EMAIL: [bursartr@louisville.edu](mailto:bursartr@louisville.edu)

Student #: \_\_\_\_\_ Print Name: \_\_\_\_\_

I request participation in the above program because my employer will reimburse me for **TUITION CHARGES** upon receipt of my grades for this semester. I promise to pay the **TUITION CHARGES** indicated below together with all attorney's fees and related costs and charges for the collection of any amount not paid when in default according to the terms of this agreement.

| Annual Percentage Rate<br><u>0%</u> | Pre-Paid Finance Charge<br>The amount of the Non-Refundable Application Fee<br>_____ | Plan Amount<br>The amount of credit provided to you<br>_____ | Total # of Payments<br>Including Pre-Paid Finance Charge<br>_____1_____ | Total Cost<br>( Plan Amount (Tuition charges)+ Prepaid Finance Charge<br>_____ |
|-------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------------|
|                                     | No fee Summer 2020 (Only)                                                            | (See Tuition Charges Below)                                  |                                                                         |                                                                                |

SEMESTER: SUMMER 2020 HOURS: \_\_\_\_\_

PROCESS FEE: \_\_\_\_\_

TUITION CHARGES \$ \_\_\_\_\_

I understand and agree to the following:

DEFERMENT DUE DATE: 09-05-2020

- The TUITION CHARGES specified above are for the current semester only; course fees, housing charges and any unpaid balances from prior semesters are NOT included in this agreement.
- The PRE-PAID FINANCE CHARGE (PROCESS FEE ) IS NON-REFUNDABLE
- It is my responsibility to make payment on time according to the terms of this agreement. Failure by my employer to reimburse me by the due date is not an excuse for non-payment. Payment should be sent to: BURSAR OFFICE, UNIVERSITY OF LOUISVILLE, LOUISVILLE, KY 40292
- I understand that any financial aid funds processed through the university will be applied to this account and may reduce the amount due on this agreement. I understand that any reduction in tuition assessment will be applied to my account and may reduce the amount due on this agreement. I understand that any increase in tuition or reduction in financial aid may increase the amount due. I will contact the Bursar's Office to see what amount remains outstanding on this agreement upon withdrawal. I understand that A \$100.00 LATE PAYMENT FEE may be assessed on accounts which remain unpaid as of the DUE DATE. Failure by my employer to reimburse me by the due date does not exempt me from late fee.
- This agreement is not valid until accepted by the Bursar's Office. I agree to immediately inform the Bursar's Office of any change of address. I certify that I am eighteen years of age or older.
- DEFAULT: IN THE EVENT OF FAILURE TO MEET THE SCHEDULED INSTALLMENT, THIS AGREEMENT SHALL BE CONSIDERED IN DEFAULT. FAILURE TO MAKE THE REQUIRED PAYMENT ON TIME MAY DISQUALIFY THE MAKER FROM CONTINUED PARTICIPATION IN THIS PROGRAM. IT IS THE POLICY OF THE UNIVERSITY TO DENY SERVICES TO THE MAKER FOR AS LONG AS THIS AGREEMENT REMAINS UNPAID. FURTHER, IT IS UNDERSTOOD THAT THE UNIVERSITY MAY DISCLOSE THAT THE MAKER HAS DEFAULTED, ALONG WITH OTHER RELEVANT INFORMATION, TO CREDIT BUREAU ORGANIZATIONS.

There is no pre-payment penalty. With your submission of this information, you are electronically agreeing to the above initialed statements and agree that my electronic signature is the legal equivalent of your manual signature on this agreement.

Electronic or written signature: \_\_\_\_\_

DATE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

THE UNIVERSITY OF LOUISVILLE MAY CONDUCT RANDOM AUDITS TO VERIFY EMPLOYMENT STATUS AND ELIGIBILITY FOR EMPLOYER TUITION REIMBURSEMENT. THE UNIVERSITY OF LOUISVILLE RESERVES THE RIGHT TO CANCEL THE PLAN, IF THE INFORMATION PROVIDED ON THIS APPLICATION IS NOT CONFIRMED BY THE EMPLOYER.

PLEASE MAKE CHECKS PAYABLE TO "UNIVERSITY OF LOUISVILLE" AND PUT STUDENT ID # ON FRONT OF CHECK. ATTACH "APPLICATION FEE" CHECK TO THIS FORM OR PAY "APPLICATION FEE" BY CREDIT CARD OR E-CHECK AT:

[University of Louisville-U>ink](#) > Student Services > Tuition-Fees-Payment Options > Make a Payment.

THIS FORM, APPLICATION FEE AND ANY NON-TUITION RELATED FEES MUST BE PAID BY 07/8/2020 FOR SUMMER 2020. PLEASE MAKE SURE THAT ALL BLANKS ARE COMPLETED AND THAT THE FORM IS CORRECTLY FILLED OUT. THIS FORM WILL NOT BE ACCEPTED UNLESS ACCOMPANIED BY THE APPLICATION FEE.