



Employer Deferred Payment Plan (EDpay) SUMMER 2019

The Employer Deferred Payment Plan (EDpay) is available to those students who have an employer who is helping to fund their education through a tuition reimbursement program. Because most employers want to verify satisfactory completion of courses before tuition is paid on behalf of an employee, the EDpay plan allows students to extend their tuition payment due date to 40 days after the last day of the standard semester. Interest will not be charged on the unpaid balance during the deferment period. The first and only statement will be sent at the end of the semester.

To take advantage of EDpay, a student must:

1) Complete a course registration and EDpay form. A student who registers for classes should be prepared to present a completed EDpay form when registering for courses. Class registration will not be entered until the EDpay form is received. A new EDpay form is required for each semester the student registers.

2) Submit payment by the deadline for the appropriate semester. The student is responsible for payment of his/her tuition by the payment deadline date even if the student has not received reimbursement from the employer. Failure to make full payment of the tuition by the due date could cause several actions:

- A) A late fee of \$75 will be added to the student's account, and the total balance due on the account may be charged to the credit card number submitted on the EDpay form. In addition, a 2.75% credit card convenience fee would be charged.
- B) If the balance due cannot be paid in full with the credit card (card is rejected, too low of a limit, etc.), a registration hold will be placed on the student's account. The student will not be permitted to register for subsequent semesters until the balance is paid in full. A student who has already registered for the next semester will be administratively withdrawn from his/her courses.
 - A transcript hold will be placed on the student's account. The student will not be able to receive an official academic transcript until the balance is paid in full.
 - A diploma hold will be placed on the student's account.
 - An interest charge of 1.5% of the unpaid balance will be charged on a monthly basis until the balance is paid in full.
 - The student may lose eligibility to use the EDpay option in the future.
 - The student may be assigned to a collection agency for payment.

Additional Information:

- 1) Wilmington College does not permit the use of a debit card for the card number you submit. Most debit cards have a daily maximum; therefore, debit cards will not be accepted due to the large amount that could be charged.
- 2) Submit all the paperwork to your employer as early as possible so that payment may be processed and sent on time. Students may obtain their grades from their Wilmington College portal account.
- 3) If the student changes employers, the student must complete a new EDpay form. Students are also expected to inform the Student One Stop Center in writing if tuition reimbursement benefits are no longer available from the employer. When notification is received from the employer, the financial aid award will be recalculated accordingly (if applicable) and the student will end participation in the EDpay plan and will follow the regular college payment schedule.

TUITION REIMBURSEMENT PAYMENTS FOR SUMMER 2019 ARE DUE BY MONDAY, SEPTEMBER 16, 2019.



Employer Deferred Payment (EDpay) Form Summer 2019

Instructions for the student: Please complete Section I of this form, then submit it to your employer's Education Benefits Officer to complete the employer section located on the reverse side of this form. **If Wilmington College has a current copy (less than 2 years old) of your tuition reimbursement policy, you do not need to complete Section II.**

SECTION I – To be completed by the student.

Name _____ ID# _____
Address _____ Home Phone _____
Email Address _____ Work Phone _____

Campus (check one): Blue Ash Cincinnati State
Did you/Will you file the Free Application for Federal Student Aid (FAFSA)? Yes No
Are you currently employed? Yes No (If no, stop here.)

I, the undersigned, understand that under this agreement, payment of the full amount of tuition and fees, as charged to my account, is due to Wilmington College within 40 days after the end of the standard semester. **TUITION REIMBURSEMENT PAYMENTS FOR SUMMER 2019 ARE DUE BY MONDAY, SEPTEMBER 16, 2019.** I understand that all costs incurred are my responsibility regardless of the grade I receive in the course(s).

I have provided the account number of a current, valid credit card below. As long as payment in full is received within 40 days after the end of the semester, my credit card will not be charged. If I become ineligible for payment or reimbursement from my employer for any reason I understand that I am still responsible for full, prompt payment of my charges at Wilmington College. I certify that the information below is valid and is being accepted in good faith by Wilmington College.

If any of the information below is found to be false, I understand that Wilmington College reserves the right to submit the account to a billing/collection agency, and if such steps become necessary, that I am responsible for all of the College's reasonable costs and expenses in the collection or enforcement of this agreement. I understand that Wilmington College may cancel this agreement at any time, for any reason.

I authorize this credit card to be charged the unpaid amount due on my account at Wilmington College plus a late fee of \$75 if Wilmington College has not received payment in full by the Payment Due Date for the semester indicated. I further understand that a 2.75% credit card convenience fee will be added to this charge. In addition, I give Wilmington College permission to release information about my financial aid or student account to my employer if requested.

Student Name _____ ID# _____
(Please Print Clearly)
Cardholder Name _____ Credit Card # _____
(Please Print Clearly)
Credit Card Type Am. Express Mastercard Exp. Date (MM/YY) ____ / ____
 Visa Discover
Cardholder Signature _____ Date _____

Wilmington College – Blue Ash
9987 Carver Road, Suite 100
Blue Ash, OH 45242

Wilmington College at Cincinnati State 3520 Central
Parkway, ATLC 105
Cincinnati, OH 45223-2690

I will be _____ utilizing my
company's tuition reimbursement benefit. I give my employer permission to release to Wilmington College the information on tuition
reimbursement that I have received or may receive in the future.

Student's Signature _____ Date _____



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Instructions for the employer: Employer or employer representative, please complete the following section of this form in order to allow the student/employee named to defer payment of his/her tuition bill based upon the student receiving payment or reimbursement from your organization.

SECTION II – To be completed by employer’s educational benefits officer.

I certify the student named on the reverse side of this form is eligible for tuition reimbursement for the semester indicated and will receive tuition reimbursement for the course(s) completed upon meeting the requirements of the company’s tuition reimbursement plan. I have attached a copy of this company’s tuition reimbursement policy to the form.

Company Name

Phone Number

Company Address

City

State

Zip

Name of Authorized Representative (please print)

Fax or email address

Signature of Authorized Representative

Date

Wilmington College – Blue Ash
9987 Carver Road
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3520 Central Parkway
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