VERMONT TECH

AGENCY / EMPLOYER PAYMENT FORM
(Form to be completed each semester student is enrolled - billing done by semester)

COLLEGE TERM (*check only one*):   Fall   Winter (PN student only)   Spring   Summer   Year _____

STUDENT INFORMATION (*please type or print*)

Name: _____

Student ID: _____   Email: _____   Phone: _____

_____
AGENCY/EMPLOYER NAME and BILLING INFORMATION (*please type or print*)

Agency / Employer Name: _____

Contact Person: _____

Billing Address: _____

Email: _____   Phone: _____

· **Check ALL charges that the Agency/Employer will be billed for**:

_____ Tuition   _____ Lab Fees   _____ Matriculated Fees (*student activity, facilities, safety/security, matriculation fee*)

_____ Course Fees   _____ Registration Fee   _____ Health Insurance   _____ Room and/or Meals

· **After financial aid is applied to the balance, where should any refund be sent?** (*check one*)

_____ Student   _____ Agency/Employer

· **VTC may bill the Agency/Employer by e-mail** (*check one*):   _____ Yes   _____ No

· **Maximum amount to be billed to Agency/Employer**: $_____
Note: The Agency/Employer will cover all charges checked if an amount is not indicated

By signing this form, we (the Agency/Employer) agree to pay the approved costs directly to Vermont Tech upon receipt of an invoice. This contract binds the Agency/Employer to pay the above charges regardless of the student's performance or completion in our course(s) or the Agency/Employers program.

Authorized Agency/Employer Signature: _____   **Date:** _____

I (the student) agree to pay the total amount due in the event that financial aid and/or my third party authorization is not forthcoming. I understand that if this amount is not paid within 30 days from the date Vermont Tech invoices the Agency/Employer, I will be subject to late fees and financial holds that will prevent further registrations. If this account is not paid when due, I agree to reimburse Vermont Tech the fees of any collection agency, which may be based on a percentage at a maximum of 33.33% of the debt, interest, and all costs & expenses, including reasonable attorney's fees incurred in such collection efforts.

Student Signature: _____   **Date:** _____

This signed form must be submitted to Vermont Tech Student Accounts Office as payment. *Textbooks <u>MUST BE</u> ordered through Follett, VTC's approved textbook vendor.*