



Bee Central
518 W. Locust St. Davenport, IA 52803
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BeeCentral@sau.edu

EMPLOYER PAID DEFERMENT PLAN

General Information

Please type or print legibly in ink.

Name _____ Student ID _____
Last First Middle Initial

I hereby make application to participate in this plan for deferment of tuition, room, board, and/or fees resulting from my enrollment for the _____ semester and request deferment of \$_____.
Enter semester and year

My company, _____, will pay according to their tuition policy. I will ensure that St. Ambrose University receives the amount due no later than 30 days from the end of the semester or I will be subject to late fees.

Fee Schedule

This form must be submitted each semester with the appropriate fee. Late fees will be applied to any outstanding balance not covered by a payment plan.

The fee for enrolling in this plan is \$25.

I understand that in the event this note becomes delinquent, the account may be placed with a collection agency. I will then be responsible for any collection fees, including court costs, incurred by the University. Signature implies acceptance of all terms and conditions contained herein. Unsigned or incomplete forms will not be accepted.

Signature _____ Date _____

For office use only

Date Received/Postmarked _____ Received by _____