EMPLOYER DEFERMENT PROCEDURES

Only available to Extended and Accelerated students*

1.) Obtain employer verification letter

2.) Fax employment verification letter to 788-3468, or bring in to the School for Adult Learning (SAL) or the Accounting Office

3.) Complete the enrollment form and return it to the SAL or Accounting Office along with a $10 Employer Deferment Plan Fee.

4.) It is recommended that you complete deferment procedures for only one session at a time as all fees are non-refundable

5.) After the UIndy Accounting Office approves your deferment form you will receive a confirmation e-mail message.

6.) Payment is due two weeks after the end of class. If payment is not received by the due date, one automatic two-week extension will be granted with an additional $25 non-refundable fee.

7.) If payment has not been made by the extension due date, your credit card account will be charged. If the credit card payment is declined, future participation in the employer deferment plan will not be available to the student.

8.) No reimbursement will be made for bad check fees due to non-sufficient funds as debit cards should not be used with this plan.

9.) If we are unable to process your credit card payment for any reason, eligibility to participate in the Employer Deferment program is terminated.

10.) If your course term extends beyond 16 weeks you are only eligible to defer your payment up to 20 weeks maximum.

*For the purpose of this program, accelerated students are those enrolled through the UIndy School for Adult Learning. Amount to be deferred may not exceed the IRS maximum non-taxable employer tuition reimbursement allowance.

Please direct questions to the UIndy Accounting Office at 317-788-3221.
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Fax Credit Card Authorization

Employer Deferment Fee

Circle One: Visa    Mastercard    Discover    American Express

Credit Card Number:  ___________ - ___________ - ___________ - ___________

Expiration Date:  ____________

Amount:  $ __________

Student Name:  ________________________________

Student ID Number:  ________________________________

Phone Number Where you may be reached:  ________________________________

Description of Payment:  ________________________________

______________________________________________________________

Signature of Card Holder:  ________________________________

Printed Name:  ________________________________

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