

Employer Reimbursement Deferred Payment Agreement  
The University of Iowa – University Billing Office  
2019-2020 Academic Year

The University of Iowa must receive an updated form each time the most current agreement expires. If there is a change in employment that invalidates this form, the University Billing Office must be notified either to negotiate a new agreement and/or to terminate the affected agreement. **A \$35.00 deferred payment fee and any portion of the charges for the term which are not subject to this agreement must be paid in full by the specified billing due date.**

Deferred tuition will be billed after the end of each term and the deferred portion of your charges must be paid by the specified U-Bill due date (*approximately 30 days from the date grades are posted to MyUI*) regardless of the status of your reimbursement from your employer. **Your employer has no liability to the University of Iowa and this agreement will not initiate billings to them.** All agreements must be received prior to the first U-Bill for a given semester. Submission of this form after the due date (first U-Bill of a given semester) may result in the assessment of U-bill late payment fees.

**To be completed by Student:**

Student Name: \_\_\_\_\_ University ID: \_\_\_\_\_

Student Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Student Telephone: Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Student Email: \_\_\_\_\_@\_\_\_\_\_

Upon completion of registration, the student agrees to pay the total amount of tuition and other charges set forth. If the student withdraws from the University for any reason and in accordance with University Policy all remaining tuition and other charges are immediately due and payable. All amounts paid after the due date may accrue interest at the rate allowable under law. In addition, the student agrees to pay all collection costs and reasonable attorney's fees if the University takes action against the student to recover any past due amounts.

This agreement signed in: \_\_\_\_\_  
(City, State)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Important!** If you are receiving or applying for financial aid, you must report any tuition benefit amounts to the Office of Student Financial Aid. You are not eligible to participate in this deferment if you are expecting excess funds from your financial aid after charges are paid.

**To be completed by Employer (for employee benefit certification):**

Employer Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Contact Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Contact Email: \_\_\_\_\_@\_\_\_\_\_

**Please indicate reimbursement period(s) from those below:**

Academic Year 2019-2020

Summer 2019 \_\_\_\_\_ Fall 2019 \_\_\_\_\_ Spring 2020 \_\_\_\_\_

Term \$ Maximum (if any)

Summer 2019 \_\_\_\_\_ Fall 2019 \_\_\_\_\_ Spring 2020 \_\_\_\_\_

Category allowed for reimbursement (check all that apply): Base Tuition: \_\_\_\_\_ Mandatory Fees: \_\_\_\_\_

Authorized Signature of Certifying Official: \_\_\_\_\_ Date: \_\_\_\_\_

**The University Billing Office will take receipt of the completed form in any of the following ways:**

**Fax copies to (319)335-3632**

**Email to [ubill@uiowa.edu](mailto:ubill@uiowa.edu)**

**US Mail to 2700 University Capitol Centre, Iowa City, IA 52242**

University of Iowa Office Use:

Date Received \_\_\_\_\_