

<u>OFFICIAL USE</u>
DATE: _____
SFS: _____

DEFERRAL CREDIT CARD PAYMENT AUTHORIZATION

I, _____, authorize The New School to charge the balance of my (circle one) Fall / Spring / Summer 20 deferred tuition and/or fees to my credit card account (listed below) if it has not been paid in full by _____, the deferment due date.

Furthermore, I understand by signing below that **the credit card account listed will be used to pay for all non-deferrable charges on my New School student account.**

NAME: (Last, First) _____

NEW SCHOOL ID#: N _____

CARD TYPE: (circle one) **MasterCard** / **Visa** / **American Express**

CARD#: _____

EXPIRATION DATE: _____

SIGNATURE: _____

Credit card charges that cannot be processed for any reason are subject to a 10% of the balance late payment penalty fee.

If your employer makes a tuition payment directly to the University within 15 business days of your credit card payment, we will issue a refund back to your credit card. Employer payments received after this time will be refunded by check.

Deferral of Tuition for Employer/Sponsor Reimbursement (Policy Statement)

Students expecting reimbursement from their employer/sponsor may defer payment of tuition only upon presentation of an original employer/sponsor certification letter. The due date for payment will be indicated on the Employer Reimbursement Deferment/Third Party Billing Request form. *Payment of the University Services Fee, Divisional Fee, \$150.00. Deferral Fee, misc. fees, etc., and any portion of the tuition that the employer has not agreed to pay, may not be deferred and must be paid upon submission of this form. All required forms and payments to finalize your deferment must be received in order to complete the registration process.* Payment/term balance not received by the specified due date will be charged to the credit card account listed on this form.

Please send this form, the Employer Reimbursement Deferral form and documentation to the address listed above, Attn: Third Party Billing or deliver in-person to Cashiering located at +&Fifth Avenue f1ck Yf`Yj YL or fax to 212.229.8582.

<u>OFFICIAL USE</u>	
AMOUNT: _____	DATE CHARGED: _____
STUDENT ACCOUNTS: _____	CASHIERING: _____