



AGENCY/EMPLOYER PAYMENT FORM

COLLEGE TERM (check only one): Fall Spring Summer Year _____

STUDENT INFORMATION

Name _____

Student ID _____

E-mail _____ Phone _____

AGENCY/EMPLOYER NAME and BILLING INFORMATION (please print)

Agency/ Employer Name _____

Contact Person _____

Billing Address _____

E-mail _____ Phone _____

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

- Textbooks Tuition Materials/Equipment Fee Parking Fee
- Shipping Registration Fee Lab Fee

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

- Student Agency/Employer

• CCV 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 Community College of Vermont 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/Employer's program.

Authorized Agency/Employer Signature _____ Date _____

I (the student) agree to pay the total amount due in the event that financial aid and/or third party authorization is not forthcoming. I understand that if this amount is not paid within 30 days, any further registrations will require cash payment at registration. If this account is not paid when due, I agree to reimburse the Community College of Vermont the fees of any collection agency, which may be based on a percentage at a maximum of 33.3% of the debt, interest, and all costs and expenses, including reasonable attorneys' fees, incurred in such collection efforts.

Student Signature _____ Date _____

This signed form must be submitted to the student's local CCV Academic Center as payment.

Textbooks must be ordered through eCampus, CCV's approved textbook vendor.