

## Employer Sponsored Tuition Plan (ESTP) Procedures

Pages 1 of 2

\*\*\*Please read carefully\*\*\*

Finger Lake Community College's Employer Sponsored Tuition Plan (ESTP) provides eligible students the option of deferring tuition payment until the end of the semester after grade reports have been issued. Based upon the employer's planned tuition disbursement to qualified employees, the employee's payment guarantee with a Discover, MasterCard or Visa and a signed ESTP deferral, the semester payment can be deferred, in most cases, until the employer paid tuition benefits have been received.

**Employer Sponsored Tuition Plan deferments for students must be completed each semester of attendance.** It is also the student's responsibility to provide the College with a copy of their employer's tuition reimbursement policy on company letterhead each semester. FLCC can rescind the deferment if notified by the employer that tuition benefits are no longer in effect if the student is not in good financial standing with the College.

### Process

The student and the employer complete their respective parts of the ESTP deferment application and the student submits the application to the FLCC-Office of Bursar by the billing due-date for that semester. The Office of the Bursar will verify that the student is in good financial standing with the college and will make a deferment notation on the student's college account

### Payment

**Secure online payment** can now be made with your American Express, MasterCard or Discover by following the link **Make Full Payment Online with [WebAdvisor-PayOnMyAccount Online](#)** found on the bottom of the Student Accounts Website: [www.flcc.edu/bursar](http://www.flcc.edu/bursar)

**It is the responsibility of the student to initiate the payment by the due date indicated on the front of this document. A late fee of \$40 will be assessed if full payment is not received by the specified due dates or if a credit card cannot be processed.**

On the business day following the published due-date for the semester, the Office of the Bursar will identify those students who have unpaid balances and will charge their credit cards for the full amount of the account balance. If the credit card payment does not go through, a registration hold will be activated and the student will be notified by phone. If the college is unsuccessful in collecting the account balance, future ESTP deferments for that student will not be allowed and the student will jeopardize his or her current registration status. Delinquent accounts will be turned over to a collection agency.

Your employer's bankruptcy does not remove your responsibility indicated in the agreement.

This completed document can be dropped off in person to the Office of the Bursar, or mailed to: Bursar's Office, Finger Lakes Community College, 3255 Marvin Sands Drive, Canandaigua, NY 14424 or emailed to [bursar@flcc.edu](mailto:bursar@flcc.edu) or faxed to attention of the BURSAR at 585-394-5005.

**Make a copy of this document for your records and to use as a reminder for payment due dates.**

You will not be receiving any reminder notices from the College.

Please return this completed form to the following address:

Finger Lakes Community College  
Office of the Bursar  
4355 Marvin Sands Drive  
Canandaigua, NY 14424

Email: [Bursar@flcc.edu](mailto:Bursar@flcc.edu)

Fax: 585.394.5005

**Employer Sponsored Tuition Plan (ESTP) Application for Payment Deferment**

**Employer Certification:**

\_\_\_\_\_ is eligible for tuition reimbursement for the semester checked below and will receive \_\_\_\_\_% tuition reimbursement and \_\_\_\_\_% fee reimbursement for the course(s) completed upon meeting requirements of the company's tuition aid plan. The following course(s) are authorized:

COURSE NUMBER	COURSE NAME	CREDIT HOURS
_____	_____	_____
_____	_____	_____
_____	_____	_____

Company Name \_\_\_\_\_

Authorized Name (print please) \_\_\_\_\_ Title \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**Payment Due Dates 2011-2012:**

- Semester**  
 Summer  
 Fall  
 Spring

**Full Deferment with Payment Guarantee\***

August 26, 2011  
 January 3, 2012  
 May 25, 2012

NOTE: Winter Semester ESTP Deferral is NOT available. Payment in full is expected.

The Office of the Bursar requires a **new ESTP form** to be submitted prior to **each semester**.

**\*A late fee of \$40 will be assessed if full payment is not received by the due dates indicated above or if a credit card cannot be processed.**

This payment deferment form should be presented along with the semester bill to the Office of the Bursar by the billing due-date for that semester.

**Employee Agreement:**

I agree that I will pay to Finger Lakes Community College the full amount of tuition and fees charged on my student account in accordance with the due dates set forth in the payment schedule below.

I have provided the account number and expiration date of my Discover, MasterCard or Visa below. I authorize billing to this card for any unpaid charges on my student account after the payment due dates listed below (**regardless of whether I have received my reimbursement from my employer or not**). I certify that my available credit limit is sufficient to cover my semester's tuition at the time payment is due.

**Credit Card Authorization – REQUIRED – MUST BE COMPLETED BY STUDENT.**

Student Name: \_\_\_\_\_ ID: \_\_\_\_\_ Semester: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Please check one:**  Discover Card  MasterCard  Visa

Credit Card No: /\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ /\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ /\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ /\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

Expiration Date: /\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Year

Enter the last three digits on the back of your Credit Card: /\_\_\_\_/\_\_\_\_/\_\_\_\_/

Credit Cardholder's Address:

Street Address or P. O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

\*I understand that if a college debt must be referred to outside sources for collection, I will be responsible for paying additional collection costs including, but not limited to reasonable attorney's fees and disbursements.

**Student Name** (print please) \_\_\_\_\_

**Student Signature\*** \_\_\_\_\_

**SSN or FLCC ID** \_\_\_\_\_ **Phone** (\_\_\_\_) \_\_\_\_\_ **Email** \_\_\_\_\_