

## Promissory Note

Methodist College Tuition Deferment Program

Semester: \_\_\_\_\_

(Applications will not be accepted after \_\_\_\_\_)

Name: \_\_\_\_\_  
Student ID: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

As a participant in the Methodist College Tuition Deferment Program, I hereby agree to the following conditions:

1. I agree to be fully responsible for obtaining all final grades for any courses taken at Methodist College for the above semester, as well as following the prescribed procedure necessary for obtaining tuition reimbursement from the appropriate \_\_\_\_\_ personnel.
2. I agree to settle all tuition and fees owed for the above semester on or before \_\_\_\_\_. I understand that should I fail to meet this deadline, my company will be contacted regarding my delinquency.
3. Late fees and finance charges resulting from my failure to follow correct procedures will not be waived by Methodist College.
4. I understand that I am financially responsible for all tuition charges, regardless of whether I qualify for reimbursement from my company.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date

Note: The credit card information below will only be used to charge the \$30 non refundable service fee.

Credit Card:            Visa            MasterCard            Discover  
Card Holders Name: \_\_\_\_\_ Card Number: \_\_\_\_\_  
Signature: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVC: \_\_\_\_\_

Please mail this form along with your company authorization letter to:

Methodist College  
Attn: Michelle Jones, Bursar  
415 NE St. Mark Ct.  
Peoria, IL 61603

Please contact Steve Rollins at [srollins@methodistcol.edu](mailto:srollins@methodistcol.edu) or 309-672-4946 with questions.