

Full Tuition Grant Student Credit Card Payment Authorization

Revised Date: 4/29/2025

Student Information

First Name: _____ Last Name: _____

Phone: _____ Email: _____

Identifier (Date of Birth **OR** Student ID): _____ Employer: _____

Academic Program: _____ Estimated Start Date: _____

This form is applicable to Full Tuition Grant (FTG) students who have employer or third-party administrator required steps to ensure tuition reimbursement or direct bill payments are issued. Please sign this form where indicated below to accept the following terms and conditions of your participation in the FTG Program confirming you are in agreement about the scope of your financial obligations.

Terms and Conditions:

1. It is my responsibility to adhere to all of my employer's education assistance requirements in order to receive the FTG. I understand that if I fail to give the money I receive from my employer to UAGC or fail to follow my employer's education assistance requirements (including timely submission of course applications and grades) then I will be personally responsible for the money owed.
2. I understand I must input valid credit/debit card (Card) information in the Student Portal in the Finance area prior to attending the first course in the FTG year and must maintain valid Card information on file with UAGC for the length of my participation in the FTG Program. If I do not keep my valid Card information updated in the UAGC Student Portal, my enrollment in the FTG program may be placed on hold.
3. I authorize the Card on file to be charged 60 days after a valid course grade posts, if payment has not been received.
4. I understand if my Card on file is declined, and payment is not received within 10 business days, I will be withdrawn from the FTG Program, and I will be personally responsible for any outstanding payments.
5. I understand that it is my responsibility to ensure that I have sufficient funds in the account to avoid overdraft fees and UAGC will not be held liable for any institutional and/or bank fees assessed for insufficient funds.
6. I understand that endorsed debit cards may have daily limits that cannot be exceeded and ensure that any payments on debit cards will not exceed these limits or communicate with my bank to ensure an exception to these limits. UAGC will accept Visa or MasterCard debit cards.
7. I understand that there may be differences in fraud protection features of debit cards and credit cards, and it is my responsibility to be aware of these differences prior to submitting this information as part of my payment option plan.
8. I understand that the terms and conditions of this agreement are not contingent upon reimbursement by my employer, or any other condition.

Acknowledgment and Authorization (Required)

I accept and agree to the conditions listed above. I accept and agree that I am eligible for my employer's tuition assistance program and the FTG program. I authorize UAGC to charge the primary Card in my file or accept another form of payment according to the terms and conditions of this Full Tuition Grant Student Credit Card Payment Authorization.

Student Signature: _____ Date: _____