

Appendix 1

FE COURSES – Employer Authorisation Form

Employer's Name:

Employer's address:

Employer's Email:

Invoices will be sent to the email address provided above.

Student's Name	Course	Total Fee
Total Students Supported:		Total Fees Payable £

Payments can be made by phone on 01206 583550 - option 4 or, via the Online Store using the link below:

[Course Fee Payment - Further Education \(FE\) | Colchester Institute Online Store](#)

Please quote the Student ID Number (or student name & date of birth) in all instances.

Method of payment, please select one of the below:

☐ Payment of fees within 30 days on receipt of invoice.

☐ Instalment payment plan. **

This option is subject to completion of the **FE Employer Instalment Terms & Conditions found on page 3 of this document. Once completed and returned the Finance Office will contact you to set up the plan.

TERMS AND CONDITIONS

1. These terms and conditions, together with the FE Employer Instalment Plan Terms and Conditions and the FE Fee Policy 2024-25 which can be found on Colchester Institute's website at:

<https://www.colchester.ac.uk/policies/#fee-policies>
www.colchester.ac.uk/adults/payment-options/

represent the entire agreement between Colchester Institute, the Employer, and the student in relation to the provision of educational services to, and the payment by the Employer of the course fees of the students named overleaf. No variation in the terms and conditions will be effective unless agreed by all parties in writing.

2. Fees remain payable by the Employer in connection with courses provided by Colchester Institute to the students named overleaf, irrespective of whether any individual student completes the course for whatever reason, and irrespective of whether the student remains in the employment of the Employer throughout the duration of each relevant course.
3. If any payment is not paid in accordance with this FE Employer Authorisation Form or the FE Employer Instalment Terms & Conditions, Colchester Institute will pursue all unpaid debts and may inform debt collection agencies to recover the money owed from either the Employer. Additional costs may be incurred which will be payable by the Employer.

I, _____ (full name) agree on behalf of the named Employer that in consideration of Colchester Institute providing educational services for the named Course and named student(s), the Employer shall be responsible for all fees payable in accordance with the terms and conditions overleaf, the FE Employer Instalment Plan Terms & Conditions (see page 3) and the FE Fee Policy 2024-25 which can be found on Colchester Institute's website at:

<https://www.colchester.ac.uk/policies/#fee-policies>

Signed:

Print Name:

Position in Company:

Email:

FE EMPLOYER - INSTALMENT PAYMENT PLAN

Terms & Conditions

The Colchester Institute provides a payment platform called RCP (Recurring Card Payment) for Instalment Payment Plans. It uses your debit/credit card details NOT your bank details.

To use the Employer Instalment Payment Plan, you agree to the following Terms & Conditions:

1. We confirm the Employer Authorisation Form has been agreed, signed, and returned.
2. We confirm that the details as provided on the Employer Authorisation Form are accurate and agree for these to be used in the set up of the Employer Instalment Payment Plan.
3. We agree to set up the instalment payment plan within 2 weeks of the student(s) attendance.
4. We agree all fees will be paid within six months of the course start date. If the duration of the course is less than six months, all fees will be paid before the planned end date.
5. We understand that if we the Employer do not adhere to the payment schedule then we may be referred to a Debt Collection Agency and incur additional charges.
6. We agree as the Employer we will provide valid card details (in line with the Colchester Institute GDPR & PCIDSS policies) for the set up the payment plan.
7. We agree as the Employer we will update the Finance Office at the Colchester Institute with any changes to the Employer's card details.
8. We agree as the Employer I/we will be contacted by the College by email, telephone, mobile and SMS regarding the Employer Instalment Plan.
9. We understand that as the Employer we should contact the Finance Office immediately should a payment fail.
10. I confirm that I am authorised to sign on behalf of the Employer.

Signed:

Print Name:

Position in Company:

Date:

Email address:

For any queries please call: 01206 583550 Option 4 or email finance.dept@colchester.ac.uk