THIRD PARTY PAYMENT AUTHORIZATION FORM

ST	UDENT'S NAM	E:		ID#	
PARENT'S NAME:				Tel.#	
TF (CC	HIRD PARTY PA ONTACT PERSON)	YER			
ΤF	HIRD PARTY PA	YER'S ADDRESS:			
ΤF	HIRD PARTY PA	YER'S TELEPHONE	E #:		
Ur Pa ide	niversity. The studyments must beg entification number I payments must b	dent/parent as well as in on or before the to or on each payment sub e received before the e	the Third Party are responsibilition due dates. The Third omitted. This is necessary to ond of the academic year.	e Third Party identified above le for making timely and consiste Party must indicate the studen nsure proper payment to the studen AYMENTS MAX. PER SEMES	ent payments. t's name and ents account.
				ayer must notify the office in writ	ing.
<u>F</u> A	ALL SEMESTER	<u> </u>	SPRING SE	MESTER_	
 1. 2. 3. 4. 5. 	August September October November December	\$ \$ \$ \$	February March April	\$	
	E SURE TO ALL AYMENT DUE D		IL TO REACH THE OFFI	CE OF STUDENT ACCOUNTS	S BY THE
fro	om a Third Party	Payer, any payments I	listed above not received and	d student tuition/fee payments to I all past due and current year bal fee to participate in this program	palances and
				D .	