



Third-Party Authorization Update Form

Contact Information

Company Name: _____

Billing Address: _____
Street Address

_____ *City* _____ *State* _____ *ZIP Code*

Name of Authorized Signer(s)

Name: _____ E-Mail: _____

Title: _____ Phone: _____

Name: _____ E-Mail: _____

Title: _____ Phone: _____

Name: _____ E-Mail: _____

Title: _____ Phone: _____

Billing Options

Choose one of the following billing options for sponsored employees:

____ Bill Summary by Student Totals [ex. John Doe \$347.00]

____ Bill summary by Student Detail	ex. John Doe	Tuition	\$264.00
		Registration Fee	25.00
		Support Fee	33.00
		Virtual Fee	<u>25.00</u>
		Student Total	<u>\$347.00</u>

Choose one of the following billing options for sponsored employees/students who may be eligible to receive financial aid:

____ Bill our company first for our student's tuition and/or fees.

____ Bill our company first if a student is receiving loans only (money that must be repaid).

____ Bill financial aid first if a student is receiving grants and/or scholarships (gift aid).

Preparer's Signature

Preparer's Title

Date