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

\[ \begin{array}{l}
\text{ex. John Doe} \\
\text{Tuition} \quad $264.00 \\
\text{Registration Fee} \quad 25.00 \\
\text{Support Fee} \quad 33.00 \\
\text{Virtual Fee} \quad 25.00 \\
\text{Student Total} \quad \boxed{$347.00}
\end{array} \]

Choose one of the following billing options for sponsored employees/student 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 __________

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