



THIRD PARTY BILLING APPLICATION

Semester(s) included in this agreement: [] Fall 20__ [] Spring 20__ [] Summer 20__

Student Information

Student's Name: _____

Student's ID Number (CWID): _____ Daytime Phone: _____

List requirements to be met by student, if any (e.g., hours enrolled): _____

Eligible expenses (enter maximum amounts, if any):

[] Tuition _____ [] Fees _____ [] Books/Supplies _____

[] Fixed Amount _____ [] Other _____

List restricted expenses: (e.g., fines, event tickets, non-educational expenses, etc.): _____

If the student has other sources of payment (e.g. scholarships, grants, etc.), may this payment be refunded to the student? [] Yes [] No

Payer Information:

Payer Name and Address: _____

Payer's Representative: _____ Daytime Phone: _____

Payer's email: _____

Agreement:

Payer agrees to pay as described above. Payment will be made directly to Oklahoma State University – Oklahoma City after the student has met the above requirements. Student is ultimately responsible for payment of account by the University's prescribed deadlines unless otherwise agreed upon in writing. Student gives permission to release information relevant to this agreement (e.g., business services account details) to payer. A copy of this form will be provided to the Financial Aid Office. Acceptance of this assistance could affect the student's financial aid.

Student Signature _____ Date _____

Payer Representative _____ Date _____