

Montana State University Third Party Billing Authorization Form

Office of Financial Aid Services-PO Box 174160-Bozeman MT 59717-4160

Telephone Number (406) 994-2845 FAX Number (406) 994-6962

Dept/Sponsor Name & Address

University Index Code

Authorization Period

Fall: ____ **Spr:** ____ **Sum:** ____

Academic Yr: 20 ____ **20** ____

Contact Person _____

Contact Phone Number (____) _____

More than one student may be listed if all students listed receive the same authorization.

Student Name	ID/SSN
_____	_____
_____	_____
_____	_____
_____	_____

Student Name	ID/SSN
_____	_____
_____	_____
_____	_____
_____	_____

Check only those that apply:

- General Payment \$** _____
- Insurance**
- Room & Board**
- No limit on Tuition & Required Fees**
- Tuition & Fees Limited**

Authorized Signature: _____ **Date** _____

Tuition: Any ____ or R ____ NR ____ (List # of credits if there is a maximum # of credits being paid)

Required Fees:

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> All Required | <input type="checkbox"/> Health Service |
| <input type="checkbox"/> Registration | <input type="checkbox"/> Dental |
| <input type="checkbox"/> Network | <input type="checkbox"/> Activity |
| <input type="checkbox"/> Equipment | <input type="checkbox"/> Athletics |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Intramural |
| <input type="checkbox"/> Building | <input type="checkbox"/> Bus |

Special Fees:

- Program (Engineering, MTA, Nursing, etc.)
- Required Lab courses
- Orientation
- Graduation
- Foreign Student
- ID Card
- RESNET
- Recreational Lab courses

Comments: _____