



Regional Campuses & Distance Education
5035 Old Main Hill, Logan, UT 84322-5035
Telephone: (435) 797-3218 or (435) 797-8083
Fax: (435) 797-4004

SPONSOR'S AUTHORIZATION FOR PAYMENT

Sponsor's Name Contact Person

E-mail Address Phone Number

Billing Address

Student's Name Student's A# Semester

Please select one of the following:

I authorize payment for the student's full term charges

I authorize payment solely for the following course(s) and amount(s):

<u>Authorized Course</u>	<u>Authorized Amount</u>	
<input type="text"/>	Total course charges <input type="checkbox"/>	OR Fixed amount <input type="text"/>
<input type="text"/>	Total course charges <input type="checkbox"/>	OR Fixed amount <input type="text"/>
<input type="text"/>	Total course charges <input type="checkbox"/>	OR Fixed amount <input type="text"/>

Based on this authorization, USU will post a provisional credit on the student's account for the amount authorized above. After 20% of the term has passed, USU will send an invoice for the amount due. Invoices will be sent to the e-mail address provided above, or, if required, mailed to the billing address provided above. If at any time this authorization needs to be revoked, USU should be notified of the change immediately. If the sponsorship is revoked after payment has been made to USU, the sponsor is responsible for obtaining reimbursement from the student.

Authorizer's Name

Authorizer's Signature

Date

Please mail completed form to the address above or fax to (435) 797-4004