

Third-Party Billing Agreement

Student's Last Name, Student's First Name, Student's UID, Email, Student's Address, Third Party Sponsor, Billing Contact Name, Contact Phone #, Semester covered by 3rd Party

My Third-Party will pay for the following (check all that apply):

- Full Tuition, Partial Tuition (indicate amount), Other, Mandatory Fees, Books, Health Insurance, CTA U-Pass, Parking

I hereby authorize Chicago State University's Bursar's Office to invoice my Third-Party sponsor for tuition, fees, and other educational charges specified above. Additionally, I agree to and understand the following:

- Depending on my 3rd Party sponsor's billing requirements, Chicago State University may report any Federal PELL or Illinois MAP Grant disbursements received... This agreement does not relieve me from any financial responsibility to Chicago State University... I understand that any and all payments applied to my account will be applied toward any and all outstanding balances... I am responsible for making timely payments for all charges not covered by my 3rd party sponsor... Balances outstanding for more than one (1) enrollment period/semester must be paid in full... Any unpaid charges left on my account are subject to collection action...

In order for us to bill your Third-Party Sponsor, please note that your invoice authorization/voucher must accompany this agreement.

Student's Signature: Date: