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 In	dex Code
	Authorization Period				
	Fall:	Spr:	_Sum:	_ Contact Perso	on
	Academic Yr: 20 20		Contact Phone Number _()		
Aore than one student may be lis	ted if all students	s listed rece	ive the san	e authorization.	
Student Name	ID/SSN			Student Name	ID/SSN
			-		
			_		
			G.		
Check only those that apply: General Payment \$		Authorized	Signature:		Date
General Payment \$ Insurance		Authorized	Signature:		Date
General Payment \$ Insurance Room & Board		Authorized	Signature:		Date
General Payment \$ Insurance Room & Board No limit on Tuition & Requ		Authorized	Signature:		Date
General Payment \$ Insurance Room & Board No limit on Tuition & Requ Tuition & Fees Limited Tuition: Any	ired Fees		_ (List # of	credits if there is a maximum	
General Payment \$	nired Fees or R	NR	_ (List # of S	credits if there is a maximum pecial Fees: Program (Engi	# of credits being paid) neering, MTA, Nursing, etc.)
General Payment \$	uired Fees or R H quired H ration D	NR Iealth Servic	_ (List # of S	credits if there is a maximum pecial Fees: Program (Engi Required Lab o	# of credits being paid) neering, MTA, Nursing, etc.)
General Payment \$	or R quired H ration D ork A	NR lealth Servic lental activity	_ (List # of S	credits if there is a maximum pecial Fees: Program (Engi Required Lab o	# of credits being paid) neering, MTA, Nursing, etc.)
General Payment \$	or R H quired H D ration A A rent A A	NR lealth Service lental activity athletics	_ (List # of S	credits if there is a maximum pecial Fees: Program (Engi Required Lab of Orientation Graduation	# of credits being paid) neering, MTA, Nursing, etc.) courses
General Payment \$	or R H quired H ration D ork A ment A uter Ir	NR Jealth Service Jental Activity Athletics Attramural	_ (List # of S	credits if there is a maximum pecial Fees: Program (Engi Required Lab of Orientation Graduation Foreign Studer	# of credits being paid) neering, MTA, Nursing, etc.) courses
General Payment \$	or R H quired H ration D ork A ment A uter Ir	NR lealth Service lental activity athletics	_ (List # of S	credits if there is a maximum pecial Fees: Program (Engi Required Lab of Orientation Graduation	# of credits being paid) neering, MTA, Nursing, etc.) courses