



PO BOX 9003 · BECKLEY, WV 25802-9003
 PH: 304.253.7351 · FAX: 304.929.1448

THIRD PARTY BILLING AUTHORIZATION

If your organization requires Mountain State University to bill them for your education, **YOU MUST COMPLETE THIS FORM AND RETURN IT TO THE STUDENT ACCOUNTS DEPARTMENT** with your signed Student Accounts statement. Should your organization reimburse you after the completion of a course, it is your responsibility to pay for the course via financial aid or other means arranged by you. (*Military: see bottom of page)

Mountain State University must receive payment in full by the end of your current semester.

PLEASE PRINT:

Student Name: _____ ID#/SSN: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Semester to be billed (please circle one): **FALL SPRING SUMMER 1 SUMMER 2**

Bill for (please circle all that apply): **TUITION BOOKS SUPPLIES**

Amount to be billed: \$ _____ End Date of Current Semester: _____

Organization to be billed: _____

Person to Contact: _____

Address: _____

Telephone: _____ - _____ - _____

YOU ARE RESPONSIBLE FOR ALL TUITION AND FEES NOT PAID BY YOUR ORGANIZATION!

 Student Signature

 Date

*Military tuition assistance must be coordinated by the student through their unit commander or education officer.