

Accounts Receivable
Western Michigan University
1903 W. Michigan Avenue Kalamazoo, MI 49008-5210
Phone (269) 387-4251 Fax (269) 387-4227
WMU-billing@wmich.edu

THIRD PARTY BILLING POLICY

Western Michigan University (WMU) participates in Third Party Billing to companies, embassies, or other organizations that have agreed to pay a student's tuition and fees. Any student who is sponsored by a Third Party must submit a letter of authorization on the company/organization letterhead or have the Third Party complete the Third Party Authorization for Payment form. Any Third Party who is sponsoring more than five students will need to complete the Third Party Annual Profile form.

The authorization must be received no later than three weeks prior to the start of the semester. Please send the authorizations by mail, fax or e-mail:

Accounts Receivable Western Michigan University 1903 W. Michigan Avenue Kalamazoo, MI 49008-5210

WMU Accounts Receivable will send an invoice to the Third Party after the drop/add period. Payment is due upon receipt of the invoice and is not contingent upon the student successfully completing the course. Please call (269) 387-4251 with any questions about Third Party accounts.

E-mail: wmu-billing@wmich.edu

Unless otherwise noted in the Third Party authorizations or Third Party Annual Profile form, WMU will apply any scholarships and/or grants to the tuition charges prior to billing the Third Party.

All authorized and non authorized charges not paid for by the Third Party will be the responsibility of the student. Any outstanding charges may result in a hold being placed on the student account which may prevent the student from registering for classes, or obtaining a transcript. The student may also be subject to service charges of 1.5% monthly (18% annually).

The Family Educational Rights and Privacy Act (FERPA) prohibit an educational institution from releasing confidential, non-directory information about a student without the student's consent. The student must complete and sign a Student Information Release Authorization in order for information to be released to a Third Party. The specified information will be made available only if and when requested by the authorized Third Party.



Reset Form

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Authorized Signature

Name (Last, First, Manne (Last, First, Manne (Last, First, Manne) Address City, State, Zip Code Third Party Designee Name	,		Western ID Number (WIN) Reference Number Email Address
Address City, State, Zip Code Third Party Designee	,		Reference Number
City, State, Zip Code	е		
hird Party Designee	e		Email Address
Name			
			Contact Person
Address			Phone
City, State, Zip Code	e		Email Address
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Full Name Printed and Title

Date