



Third-Party Billing Authorization for Payment

Student Information

Name (Last, First, Middle Initial)

WMU ID Number (WIN)

Third-Party

Name

Address

City, State, Zip Code

Phone Number

Contact Person

Email Address

Semester (a separate form must be completed for each semester)

Fall 20 _____

Spring 20 _____

Summer I 20 _____

Summer II 20 _____

Billing Authorization

Authorized Payment		Charge	Authorized Payment		Charge
Percent	Amount		Percent	Amount	
%	\$		%	\$	
		Tuition			Graduation Fee
		Required Fees			Room (Resident Hall or Apartment)
		Course Fees			Board (Meals)
		Orientation Fee			Internet
		Transition Fee			
		Fall Welcome Fee			
		International Fee			

Western Michigan University will apply any scholarships and/or grants to the tuition and fee charges prior to billing the Third-Party. If you would like to pay all tuition and fees prior to any scholarships and/or grants paying to the student account, please check here: ☐ The student is able to receive financial assistance only up to the cost of attendance.

I have read the Western Michigan University Third Party Billing Policy and agree to the terms. I am authorizing Western Michigan University to bill for the specified tuition and related fees for the term(s) indicated for this student.

Authorized Signature

Date