University of Memphis

Third Party/Direct Billing Contract

We thank you for choosing the University of Memphis as the educational option for your employees to achieve their professional and educational goals. Below are the requirements and questions to be completed and submitted to the University to establish the third party/direct billing agreement for tuition and fees.

Once the third party/ direct billing contract has been established, the employer must submit the UofM Company Authorization Direct Billing Form (link) by the fee payment deadline for each qualified employee for each term. Invoices will be sent directly to the employer, not to the student.

The following information is required to set up students under the Employer Direct Billing option:

1.	Number of Company Employees :			
2.	Billing Address:			
3.	Company Contact/Representative :			
	Secondary Contact :			
4.	Primary Telephone Number : Fax Number:			
5.	Email:			
6.	Employer Tax ID # :			
7.	Alternative credit fees authorized to be paid by employer (Please mark selection) a. Credit by exam b. Experiential Learning Credit Yes No			
8.	Maximum tuition and fees allowable per employee per semester (Please complete all that apply) a. \$ or % per term b. \$ or % per course c. Max # courses, per term : d. Max # credits, per term: e. No maximum benefit :			
9.	Are there any other employee groups that may receive different amounts of Tuition Assistance (other that what is indicated above) who would also be utilizing Direct Billing? Yes No a. If yes, please explain the different amounts and which groups are eligible for each:			

11. How many stud	ents should be included on one i	nvoice?	
a. Sing	le Invoices: One student per invoi	ce	
b. Mas	s Billing: Unlimited students on or	ne invoice	
c. 🗌 Limi	ted Invoices: A specific number of	students per invoice	(e.g. 25 students per invoice) explain:
a. Ema b. FAX c. USP: 13. What form of p a. Chec b. ACH c. Crec Note: Copy of in	ayment will be used?	/2] with payment within 4	15 days of invoice date.
Dor the information cove	red above,	297005	to now the authorized
	ses as stated on the UofM Comp		
· ·	vill be the responsibility of	•	
	due. Invoices will be submitted fo		
	to the University of Memphis upo	• •	·
from the original invoice	date.	·	· ·
Sign:		Date:	
Print Name:		Title:	
	Bursar's Office U	Jse Only	
American Devi		Date:	
Approved By:		Date.	
Assigned U#:		Contract :	