

UOFM COMPANY AUTHORIZATION DIRECT BILLING FORM

COMPANY AUTHORIZATION FOR DIRECT BILLING FOR TUITION AND FEES

COMPLETED BY EMPLOYEE/STUDENT (Please Print):

Date _____ Semester: Fall _____ Spring _____ Summer _____ Status: UG _____ GR _____

First Name _____ Last Name _____ Last 4 of SS _____

Student University ID U _____ Email _____

Permanent Address _____

City/State/Zip _____

Permanent Phone _____ Cell Phone _____

COMPLETED BY EMPLOYER- INVOICES SHOULD BE MAILED OR EMAILED TO:

Attention of: _____

Company Name _____ Department _____

Company Representative Name _____ Title _____

Company Address _____ City/State/Zip _____

Email _____ Contact Number _____

This document gives authorization to the University of Memphis to bill our company directly for the authorized amount of \$ _____ or _____ % of tuition/ fees for the employee and term listed above.

SIGNATURES:

I authorize the University of Memphis to invoice the company listed above for the employee listed above.

Company Representative's (Print)

Company Representative's Signature

Date

I understand that, as the student, I am ultimately responsible for payment of my tuition and fees if my employer fails to pay the University for my tuition and fees. I authorize the University of Memphis to release my student information to the employer listed above. Also, I understand that any remaining balance must be paid by the semester fee payment deadline.

Employee/Student (Print)

Employee/Student Signature

Date

FORMS MUST BE SUBMITTED BY THE SEMESTER FEE PAYMENT DEADLINE AND MAY BE FAXED TO 901-678-0288 OR EMAILED TO BURSAR_AR@MEMPHIS.EDU.