



THIRD PARTY or EMPLOYER FUNDED BILLING AUTHORIZATION

THIRD PARTY or EMPLOYER INFORMATION

Business Name _____

Address _____

Contact Name and Title (printed) _____

Contact Email and Phone Number _____

STUDENT/EMPLOYEE INFORMATION

Name _____

NDSCS Student ID or DOB _____ NDSCS Program _____

AUTHORIZATION DETAILS

Semester Covered: ☐ Fall (Aug-Dec) ☐ Spring (Jan-May) ☐ Summer (June-July) Year _____

Eligible Charges: Please mark all items that may be billed to the Third Party/Employer along with the dollar amount or percentage covered for each item. Additional cost details can be found online at www.NDSCS.edu/Costs.

Items Approved

Dollar Amount or Percentage Covered

- | | |
|--|-------|
| ☐ Tuition and Fees (<i>Wahpeton/Fargo/Online Tuition and Mandatory/Instructional/Access Fees</i>) | _____ |
| ☐ Registration/Orientation Fee (<i>applied students 1st semester only</i>) | _____ |
| ☐ Required Books (<i>Textbooks and Inclusive Access (digital) books</i>) | _____ |
| ☐ Tools and/or Box (<i>www.NDSCSBookstore.com > Tools</i>) | _____ |
| ☐ Dining Plan/On-Campus Living | _____ |
| ☐ Parking Permit | _____ |
| ☐ Required Uniforms | _____ |
| ☐ Other (Please list) _____ | _____ |

If the Student/Employee should withdraw during the semester and receive only a partial refund of tuition/fees, or the Student/Employee is no longer eligible/employed, the billing scenario described below should be followed:

- ☐ Third Party/Employer will pay amount owed regardless if the Student/Employee is no longer enrolled or employed
- ☐ The Student/Employee should be made financially responsible for all amounts due
- ☐ Third Party/Employer will contact NDSCS if Student/Employee is no longer employed
- ☐ Other: _____

THIRD PARTY or EMPLOYER CONFIRMATION OF FINANCIAL RESPONSIBILITY

By signing below, I confirm the following:

- This completed form, along with a FERPA form, for each Student/Employee, will be submitted to NDSCS Business Affairs prior to the start of each semester to ensure accurate and timely billing.
- Employer will pay balance due within 30 days of the invoice date.
- If the Third Party/Employer does not make payment by the due date, the billing may be reversed, and the Student/Employee may become financially responsible for the outstanding amounts owed. This may prevent them from enrolling for future semesters or obtaining a transcript.
- Third Party/Employer accounts that are 60+ days past due may be assessed a 1.75% monthly late payment fee.

Third Party/Employer Signature _____ Date _____

Questions? Contact Nicole - 701-671-2135 | Nicole.Matejcek@ndscs.edu

Return Completed Forms To:

NDSCS Business Affairs, 800 6th St. N., Wahpeton, ND 58076 | NDSCS.BusinessAffairsOffice@ndscs.edu