Third Party Tuition Payments Authorization Form
Business Services – Student Accounts
1115 North Roberts
Helena, MT 59601
(p) 406-447-6921 (f) 406-447-6395

Student: ___________________________________________ Student ID: ___________________________

Name of Third Party: ___________________________________________
Billing Address: ___________________________________________
__________________________________________________________________________
Official Contact: ___________________________________________
Phone: ___________________________ Email: ___________________________

Third Party Id (Claim# etc.) ___________________________ (for Third Party reference)

Authorized term: Year _____________ Fall Spring Summer (circle one)

Authorized charges: Max Limit

________ Tuition $________

________ Mandatory fees $________

________ Application fee $________

________ Placement testing $________

________ Required text books $________

________ Supplies (ie, pens, paper, ink) $________

________ Health Insurance $________

________ Tools $________

________ Parking Permit $________

________ Laptop/Printer package $________

________ Graduation Application $________

________ Graduation Cap & Gown $________

________ Other $________

Please list and additional billing instructions: ___________________________________________

The signee authorizes payment to Helena College for the above Student.

_________________________________________________________ ___________________________
Third Party Agency Representative Date

Please call Student Accounts at 447-6921 if you have any questions.

For Helena College Student Accounts use only

Third Party ID: ___________ Contract Number: ___________ Term: ___________ Contract Ent’d (init.) ___________