

# 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 901-678-1190 OR EMAILED TO BURSAR\_AR@MEMPHIS.EDU.**