

BARTON

COMMUNITY COLLEGE

245 NE 30 RD • Great Bend, KS 67530

3rd PARTY BILLING AUTHORIZATION FORM

PLEASE SELECT THE SEMESTER YOU WOULD LIKE BILLED TO YOU:

FALL

SPRING

SUMMER

Separate form must be filled out each semester.

This authorizes _____
(Student's Name) (Student ID Number)

To enroll in _____
Course CRN# and Course Name

Employer (3rd Party) Information:

Company Name _____

Contact person _____

Street Address _____

City, State, Zip Code _____

Business phone _____

Email address _____

THE ABOVE EMPLOYER AGREES TO BE RESPONSIBLE FOR THE FOLLOWING COSTS:

Tuition & Student Fees

Textbook Costs

Workshop or extra fees

Total Amount authorized

Please mark box if you want Financial Aid, Awards, Grants/Scholarships to apply before billing.

Sales Tax Exempt NO YES – please include a copy of your tax exemption with the completed 3rd Party Form

Student is responsible for remainder of charges.

Employer (3rd party) _____ agrees to be responsible for payment of charges checked above. If a student fails to complete the course work or stops attending class, or employment is terminated, the employer (3rd party) is not relieved of their obligation to pay Barton County Community College.

Authorization Signature _____ Date _____
(Employer - 3rd Party)
Print name and title _____