



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)

Table with 2 columns: Authorized charges, Max Limit. Rows include Tuition, Mandatory fees, Application fee, Placement testing, Required text books, Supplies, 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.) _____