HELENA COLLEGE
UNIVERSITY OF MONTANA

Third Party Tuition Payments
Authorization Form

Business Services – Student Accounts
1115 North Roberts
Helena, MT 59601
(p) 406-447-6921

Third Party Information

Student: _____ Student ID: _____

Academic Year: _____ Fall Spring Summer (circle all semesters that apply)

Organization Name: _____

Billing Address: _____

Official Contact Person Name: _____

Contact Phone: _____ Contact Email: _____

Check ONLY ONE box in each section
(attach an itemized list or explanation if needed)

Tuition & Course Fees:

☐No Limit on Tuition & Course Fees

☐Tuition & Course Fees Limited by Total Amount
Tuition Amount: $ _____ Fee Amount: $ _____

☐Tuition & Course Fees Limited by Student Number
Tuition/Fee Amount per student $ _____ x _____ Number of Students

The signee authorizes payment to Helena College.

_____ _____
Authorized Signature **Date**

For Helena College Student Accounts use only

Third Party ID: _____ Contract Number: _____ Term: _____ Contract Ent'd (initial): _____