

Student Information

Name

Authorization for Payment

Accounting & Fees * 7411 Eighty-Fifth Avenue North * Brooklyn Park, MN 55445-2299 Phone: (763) 424-0718 option 2 * Fax: (763) 493-0566 * Email: thirdparty@nhcc.edu

Star or Tech ID

All **required fields** must be completed or the authorization *will not* be accepted. Please complete online prior to printing.

Address									
City		State		Zip)	Phone #			
						•			
Agency/Funding Information									
Organization									
Contact Name			Phone #				Fax #		
Billing Address									
City	State	Zij	p		Email				
	<u> </u>								
Term (valid for one term only)	Tuition & Fees		Books/Supplies*		Books Only*		Supplies Only*		
	\$		\$			\$		\$	
Enter either the dollar amount and/or check box for 100% covered by funding	100%				100%		100%	100%	
Sales Tax Exemption #	Total a				thorized \$				
Note if there any fees not covered (i.e. parking) or any other funding restrictions									
Check One (Required) Apply this funding before any grants A					Apply	ply grants first before this funding			
By authorizing funding for the above referenced student; I agree to pay all invoices by the due date noted on the invoice. I understand I will not be invoiced until after the drop / add period, only for actual costs up to the amount authorized and all invoices are sent via email.									
Authorized Signature						Date			

*If this authorization includes book and/or supplies to be purchased at the NHCC bookstore, please let the student know that they will receive an email from the college when an account is available at the bookstore.

The student will need to bring both their NHCC student ID card and current class schedule, in person, to the bookstore to make purchases against this account.