Info Center: 1-877-862-1234 or 207-621-3185 www.uma.edu/moneymatters.html THIRD PARTY AUTHORIZATION FORM Sponsoring Organization: Org No.:\_\_\_\_\_ Bill To: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Tel No.:\_\_\_ Attached authorization form from Sponsor? Yes No Term: \_\_\_\_\_\_ID: \_\_\_\_\_ID: \_\_\_\_ID: \_\_\_ID: \_\_\_\_ID: \_\_\_\_ID: \_\_\_\_ID: \_\_\_\_ID: \_\_\_\_ID: \_\_\_ID: \_\_\_ID: Please circle or check appropriate response: Yes No 1. Is billing limited by maximum number of credit hours? If Yes, please indicate maximum number: 2. Please indicate charges to be covered by this agreement: Application Fees Health Insurance premiums Tuition Payment Plan Fees Fees Penalty Fees Supplies Books up to a maximum of \$\_\_\_\_\_ up to maximum of \$\_\_\_\_\_ 3. Please indicate aid to be applied to student charges prior to billing third party. Federal Financial Aid (ie Pell, SEOG) State funding Scholarships Loans Waivers Other:

UNIVERSITY OF MAINE AT AUGUSTA

Student Accounts Office – Robinson Hall 46 University Drive, Augusta, Maine 04330

Return to:

Certifying Third Party Name

Title

Third Party Signature

Student Signature

Date

Date