

## THIRD PARTY BILLING STATEMENT

## Student Financial Services FHAC Suite G7

Tallahassee, Florida 32307

Phone: 850-561-2949 - Fax: 850-599-8618 - Email: studentaccountsdocs@famu.edu

Studen	t Name	Student ID	
Billing Semester/ Year		Phone Number	
		Billing Amount (All/ Partial/ Specify)	
		Agency Contact	
Agency		Agency Contact Number	
		Agency Contact Email	
I.	<b>Payment Arrangements</b>		
	contract with Florida Acuniversity by the first da	tes Third Party section will bill the agencies for tuition and fees. Third Party agencies may M University to pay student fees. All third-party deferment requests must be submitted to the many of class in order to avoid late payment charges.	
	Student deferments that cover the balance due m	are processed per academic term after receipt of notification from approved third-party agencies do not cover the balance of tuition and mandatory fees due or have sufficient financial aid to ust pay the balance by the fee payment deadline. to the agency after the beginning of the term. In the event that the third-party agency does not	
п	pay for the invoiced ambalance/reimbursement	ount prior to the end of the term, the student will be placed on a cashiering hold for the unpaid	
11.	Eligibility  A pagency can be a gov	ernment agency or non-profit organization. An agency cannot be an individual.	
		s which are returned by the bank will be assessed a return check fee and may not be allowed	
	that tuition will not be p	agree to pay a student's tuition and notify Florida A&M University after the 10 <sup>th</sup> day of class aid may not be allowed future billing arrangements.	
	with each payment sent	provide the name, student identification number, invoice number and amount for each student to Florida A&M University.	
	representative.	are responsible for notifying Florida A&M University of the correct billing address and agency	
III.	Payments		
	A. Payments are to be mad Florida A&M Uni Controller's Offic		
	ATTN: Student F Foote-Hilyer Adn	inancial Services/ Third Party Billings iinistration Center Room 201	
	Tallahassee, FL 3 B. For ACH Payments fax Florida A&M Universit	or email payment details including name, identification number, invoice number and amount to	
		8 Email: studentaccountsdocs@famu.edu	
IV.		ersity to provide student account information to the agency.	
By sign	ing this form; I have read and a	gree to Florida A&M University policies:	
•	t Signature	• • •	
		EOD OFFICE LICE ONLY	
	Pacaivad Ry	FOR OFFICE USE ONLY  Date: Contract #:	