## University of Minnesota

## INTERNAL BILLING AUTHORIZATION

**DIRECTIONS**—Use this form to set up internal billing authorizations on student accounts. Authorizations must be submitted before the due date of the first student bill. Please go to <a href="https://onestop.umn.edu/finances/billing-and-payment/what-and-when-pay">https://onestop.umn.edu/finances/billing-and-payment/what-and-when-pay</a> for applicable payment due dates. Late payment fees and installment/re-billing fees that result from submitting authorizations after the first student due date will not be waived. If you want to provide authorization for more than one student, you may attach a list with the names, student ID numbers, and maximum dollar amounts for any students not listed in Section B.

## **RETURN FORM TO:**

Email: tpbill@umn.edu

Third Party Billing University of Minnesota, Twin Cities 160 Williamson Hall 231 Pillsbury Dr. SE Minneapolis, MN 55455-0252 Phone: 612-625-8559

Go to **z.umn.edu/fmv** for tuition and fee rates.

To ensure privacy online, open in Adobe Reader (free at Adobe.com).

To discuss privacy offinite, open in Acobo Roader (1100 at Acobo.com).						
SECTION A. Department information						
Department name		College				
Contact name		Phone number		Contact person's email		
Chartfield string						
Department signature						
SECTION B. Student information						
Name (last, first, middle initial)					Univers	ity ID
Authorized terms (check all that apply):						
If the award is authorized for multiple years: ☐ fall term ☐ spring term 20 <b>to:</b> ☐ fall term ☐ spring term 20						
SECTION C. Authorized coverage						
Check the internal billing category that corresponds to the charges you want to set up for internal billing. If applicable, enter the maximum dollar amounts that the department will pay for each specific charge.						
Internal billing categories	Maximum \$ amount			Additional informa	ition:	
☐ Collegiate fees	\$					
☐ Course fees	\$					
☐ Late payment and installment plan/re-billing fees	\$					
☐ Late registration fees	\$					
☐ Optional fees	\$					
☐ Required fees	\$					
☐ Health insurance	\$					
☐ Tuition	\$					
Other (please specify)	\$					

To request copies of this form in an alternative format, please call a Disability Resource Center liaison for financial aid at 612-625-9578. The University of Minnesota is an equal opportunity employer and educator. This form is printed on paper made from no less than 20 percent post-consumer waste.