



Direct Billing Authorization  
William E. Simon Graduate School of Business Administration  
**MS Finance in New York City**

This completed form allows the University of Rochester to bill the student's employer directly. Please return this form to The Bursar's Office, P.O. Box 270037, Rochester, NY 14627-0037, or fax to (585) 461-3356.

### EMPLOYER AGREEMENT

By submitting this form, the below named employer/sponsor agrees to pay directly to the University of Rochester the full amount of tuition and/or fees charged as set forth in the payment schedule below. I further understand that should the student's account not be kept current in accordance with the chosen payment plan, the University also has the right to assess late fees and collection costs if necessary. This agreement does not entitle the employer/sponsor to review grades or other student academic records without the expressed written permission of the student.

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Company Name

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Authorized signature

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Print name

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Title Department

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Billing address – City, state, zip

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Phone E-mail

### PAYMENT SCHEDULE

- |  |                         |
|--|-------------------------|
| <input type="checkbox"/> Winter Module 1 | payment due April 10    |
| <input type="checkbox"/> Spring Module 2 | payment due June 10     |
| <input type="checkbox"/> Summer Module 3 | payment due August 10   |
| <input type="checkbox"/> Fall Module 4   | payment due October 10  |
| <input type="checkbox"/> Fall Module 5   | payment due December 10 |
| <input type="checkbox"/> Winter Module 6 | payment due February 10 |
| <input type="checkbox"/> Winter Module 7 | payment due March 10    |

### STUDENT AGREEMENT

I have registered or will register for the following courses which will incur the charges outlined below. I acknowledge that although my employer will be billed for these classes, the account is still in my name and therefore I am ultimately responsible for any unpaid charges or fees including late fees and collection costs. I also understand that the University also has the right to place a hold on my account that prevents further registration and printing of transcripts.

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Student's signature Date

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Print name ID number

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Department Business phone number