



Direct Billing Authorization

This completed form allows the University of Rochester to bill the student's employer directly. Please return this form to The Bursar's Office, PO 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.

Company Name

Authorized signature

Print name

Title

Department

Billing address – City, state, zip

Phone

e-mail

PAYMENT SCHEDULE FOR ACADEMIC YEAR: _____

☐ Summer –due August 10

☐ Fall –due November 10

☐ Spring–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.

Student's signature

Date

Print name

ID number

Department

Business phone number

Courses/Labs

Tuition

\$ _____

\$ _____

TOTAL TO BE PAID

\$ _____