



Montgomery College
 Att: Billing Coordinator, Sponsor and 3rd Party Billing
 9221 Corporate Blvd
 Rockville, MD 20850
 Phone: (240) 567-5344 Fax: (301) 545-0536
 Email: sponsorbilling@montgomerycollege.edu

THIRD PARTY AUTHORIZATION FOR PAYMENT

1. Student Information

Student Name: _____ Student ID Number: _____
 Term and Year: _____

2. Funding Organization/Agency Information

Organization: _____
 Contact Name: _____ Phone Number: _____
 Fax #: _____ Email: _____
 Billing Address: _____
 Federal ID: _____ Sales Tax Exempt # _____
(please attach copy of W-9 form) (if applicable)

3. Funding Information

Should student grants be applied PRIOR to your agency funding? _____ YES _____ NO

Please specify any courses to be covered: (if applicable)

If authorizing 100%, please check appropriate box:

OR Specify dollar amount

| | |
|-----------------------|--------------------------|
| Tuition: | <input type="checkbox"/> |
| Consolidated Fee: | <input type="checkbox"/> |
| Major Facility Fee: | <input type="checkbox"/> |
| Technology Fee: | <input type="checkbox"/> |
| Transportation Fee: | <input type="checkbox"/> |
| Textbooks & Supplies: | <input type="checkbox"/> |

| | |
|-----------------------|-------|
| Tuition: | _____ |
| Consolidated Fee: | _____ |
| Major Facility Fee: | _____ |
| Technology Fee: | _____ |
| Transportation Fee: | _____ |
| Textbooks & Supplies: | _____ |
| TOTAL AMOUNT: | _____ |

Authorized Signature: _____ Date: _____