Third Party Sponsor Billing Agreement

University of Delaware

The following form must be completed to provide <u>authorization for the University of Delaware to bill your Third Party Sponsor</u> for all or part of your educational expenses. After your request is processed, your student account will reflect a credit for all authorized charges and an invoice will be sent to the contact provided below. <u>Please Note: Students must pay any non-sponsored portion of their charges by the due date or a late fee may be assessed.</u>

Step 1: Student Information UD Student ID: Student E-mail: Student Phone: Step 2: Sponsor Information Billing Information Sponsor Name: ______ Contact Name: ______ Phone Number: ______ Fmail: Charges covered by the Sponsor Full Tuition & Mandatory Student Fees _____ Tuition ONLY or Flat amount \$ Other: Terms Covered: Beginning Term: ___ Ending Term: Sponsorship/Award Letter: Was previously submitted on: _____ Is attached: Yes No 🔲 Step 3: Student acceptance of terms and conditions: I understand and agree to the following conditions: The University of Delaware uses online billing (only) and will communicates payment reminder notifications via email to my preferred email. Access my account is available at any time by logging into "My Finances" via UDSIS. Thus, it is my responsibility to know when a payment is due and to make payment according to the University's due date schedule. I may be assessed a Late Fee if I fail to make timely payments for all charges not covered by my Sponsor. If payment is not received in a timely manner from me or my Sponsor, a hold will be placed on my account preventing any future registration as well as receipt of a transcript or diploma. This agreement does not relieve me from any financial responsibility. I am fully liable for charges not paid by my Sponsor. Any unpaid balance on my account will be referred to a collection agency and reported to credit bureau organizations. Under such circumstances, I may also be responsible for all attorney's fees, other costs and charges necessary for the collection of any amount not paid when due. DATE ____ STUDENT'S SIGNATURE __

30 Levett Ave.

Newark, DE 19716

Fax: 302-831-4056

E-Mail: third-party@udel.edu

Student Financial Services

Return Forms to: Mail: