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The student is responsible for paying the invoiced charges, the student is responsible for paying the outstanding balance before registration for subsequent terms.

Party Agency understand and agree to the billing and payment procedures outlined below.

í X The student will submit a TPPA prior to the beginning of the academic year or term in which third party coverage begins. All agreements received after the second week of the term will be subject to a \$100 late processing fee.

î X The student is responsible for paying all charges not contracted by the third party by the billing due date. If for any reason the third party does not pay the invoiced charges the student is responsible for paying the outstanding balance before registration for subsequent terms. Request for billing the third party agency will be denied if payment is not received by the end of the covered term.

ï X The student understands with submission of the TPPA he/she is authorizing the release of financial information to the said employer, embassy or other sponsoring agency for the purpose of securing payment of tuition and fees.

ö X If the student is applying for or receiving financial aid he/she must report any third party payment amount on their award letter or contact the Office of Financial Aid. Third party payments may affect financial aid awarded to student.

ñ X The third party agency agrees the following:

X Will accept standard invoicing from the University of Denver for covered charges either by email or fax. Invoices will be sent approximately four weeks (3 weeks) before the beginning of the term.

X Payment will be made by wire, check, ACH, or cash only. Please include student information on all payments. The University does not accept credit cards for Third Party Direct payments.

X Certain compliance issues will prevent contract acceptance.

X The University reserves the right to cancel this agreement at any time.

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The University of Denver must receive a renewed and/or updated Third Party Direct Payment Agreement form each academic year. If there is a change in student eligibility during the year a new form must be submitted.

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Name: _____ Student ID or Soc Sec # _____
(last) (first)

Address: _____
(street) (city) (state) (zip code)

Telephone: (____) _____ (____) _____ email: _____
(daytime) (evening)

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Third Party Agency Name: _____ Billing Contact Name: _____

Street Address: _____

Billing Address (either street or email): _____

Billing Contact Telephone: (____) _____ Fax: _____

Billing Contact Email: _____

1. Please indicate the amount covered by Third Party Agency for *Academic Year (August – July)*

All billed charges _____ A Ag B B BsË•