

**Third Party Sponsor
Billing Agreement**
University of Delaware

The following form must be completed to provide **authorization for the University of Delaware to bill your Third Party Sponsor** 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. ***Please Note: Students must pay any non-sponsored portion of their charges by the due date or a late fee may be assessed.***

Step 1: Student Information

Student Name: _____	UD Student ID: _____
Student E-mail: _____	Student Phone: _____

Step 2: Sponsor Information

<u>Billing Information</u>	
Sponsor Name: _____	
Contact Name: _____	Phone Number: _____
Contact Title: _____	Email: _____
<u>Charges covered by the Sponsor</u>	
Full Tuition & Mandatory Student Fees _____	
Tuition ONLY or Flat amount \$ _____	
Other: _____	
<u>Terms Covered:</u>	
Beginning Term: _____	Ending Term: _____
<u>Sponsorship/Award Letter:</u>	
Is attached: Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was previously submitted on: _____	

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 communicate 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.

STUDENT'S SIGNATURE _____

DATE _____

Return Forms to: Mail: Office of Student Financial Services
116 Student Service Building
Newark, DE 19716

E-Mail: third-party@udel.edu
Fax: 302-831-4056