Montgomery College
Att: Billing Coordinator, Sponsor and 3rd Party Billing
9221 Corporate Blvd
Rockville, MD 20850
Phone: (240) 567-2545 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: | ☐ | Tuition: _____ |
| Consolidated Fee: | ☐ | Consolidated Fee: _____ |
| Major Facility Fee: | ☐ | Major Facility Fee: _____ |
| Technology Fee: | ☐ | Technology Fee: _____ |
| Transportation Fee: | ☐ | Transportation Fee: _____ |
| Textbooks & Supplies: | ☐ | Textbooks & Supplies: _____ |
| | | **TOTAL AMOUNT:** _____ |

Authorized Signature: _____ Date: _____