



INSTITUTE OF TECHNOLOGY

# Third Party Billing Application

## Bursar's Office

Bursar's Office  
1801 E 4<sup>th</sup> St  
Okmulgee, OK 74447

(918) 293-5232  
Fax: (918) 293-5143

Semesters included in this agreement:  Fall \_\_\_\_\_  Spring \_\_\_\_\_  Summer \_\_\_\_\_  
 Fall \_\_\_\_\_  Spring \_\_\_\_\_  Summer \_\_\_\_\_

### Student Information

Student's Name: \_\_\_\_\_  
Last Name First Name MI

Student's Address: \_\_\_\_\_  
Address City State ZIP

Student's ID Number (CWID): \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Payer Information

Payer's Name: \_\_\_\_\_  
Last Name First Name MI

Payer's Address: \_\_\_\_\_  
Address City State ZIP

Payer's Representative: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Payer's E-Mail: \_\_\_\_\_

List requirements to be met by student, if any (e.g., hours enrolled): \_\_\_\_\_

### Eligible Expenses *To be completed by payer (enter maximum amounts, if any):*

- Any school-related expense \_\_\_\_\_  Tuition \_\_\_\_\_  Fees \_\_\_\_\_
- Room/board \_\_\_\_\_  Books/supplies \_\_\_\_\_  Fixed amount \_\_\_\_\_
- Other \_\_\_\_\_

List restricted expenses: (e.g., fines, event tickets, non-educational expenses, etc.) or special instructions to OSUIT: \_\_\_\_\_

If the student has other sources of payment (e.g. scholarships, grants, etc.), may this payment be refunded to the student?

- Yes
- No

### Agreement

Payer agrees to pay as described above. Payment will be made directly to Oklahoma State University Institute of Technology after the student has met the above requirements. Student is ultimately responsible for payment of account by the School's prescribed deadlines unless otherwise agreed upon in writing. Student gives permission to release information relevant to this agreement (e.g., bursar account details, grades, campus and class related performance etc.) to payer. A copy of this form will be provided to the Financial Aid Office. Acceptance of this assistance could affect the student's financial aid.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_ Payer Representative \_\_\_\_\_ Date \_\_\_\_\_