



**Student Accounts**  
 46 University Drive  
 Augusta, ME 04330-9488  
 207.621.3131  
[studentaccounts@maine.edu](mailto:studentaccounts@maine.edu)

### THIRD PARTY AUTHORIZATION FORM

Sponsoring Organization:		
Contact Name:	Contact Phone:	
Bill To Address:		
City:	State:	Zip:
Attached authorization form from Sponsor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Student Name (Last, First, MI):		
Student ID:	Term:	

**Please check appropriate response:**

1. Is billing limited by maximum number of credit hours?
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate maximum number:

2. Please indicate charges to be covered by this agreement:		
<input type="checkbox"/> Application Fees	<input type="checkbox"/> Health Insurance premiums	
<input type="checkbox"/> Tuition	<input type="checkbox"/> Books up to a maximum of \$	
<input type="checkbox"/> Fees	<input type="checkbox"/> Payment Plan Fees	<input type="checkbox"/> Penalty Fees

3. Please indicate aid to be applied to student charges prior to billing third party.	
<input type="checkbox"/> State Funding	<input type="checkbox"/> Federal Financial Aid (ie Pell, SEOG)
<input type="checkbox"/> Scholarships	<input type="checkbox"/> Waivers
<input type="checkbox"/> Loans	<input type="checkbox"/> Other:

Certifying Third Party Name & Title	
Certifying Third Party Signature:	Date:
Student Signature:	Date:

