

Billing Authorization Form

This form is designed to inform you of your responsibilities, and certify that you understand your role in the sponsorship relationship. A copy of this form will be kept in your file.

This is to certify that the undersigned will be responsible for indebtedness incurred as indicated on behalf of:

Student Number

Last Name First Name Middle Initial

Payment Must Be Made Promptly Upon Receipt of Invoice

Tuition & Registration Fees _____ Optional International Trip _____

Length of Award

This authorization is effective: _____ To _____
Beginning Date Expiration Date

If an extension is allowed beyond the above termination date, you must notify our office in writing prior to the above expiration date. In the event you do not grant an extension the student(s) will be billed directly since your sponsorship will have terminated.



**Broad College
of Business**

Executive MBA

Henry Center for
Executive Development
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Fax: 517-432-0466

emba@broad.msu.edu
executivemba.broad.msu.edu

Company Contact Person: _____

Company Name: _____

Contact Person's Title: _____

Contact Person's E-Mail: _____

Sponsor's Billing Address: _____

City / State / ZIP: _____

Phone Number

Signature

Date

Financial Responsibilities

Michigan State University has agreed to honor the contract between you and the sponsored student by allowing the student to charge the above-designated amount to your account. **Please note ... a \$25 third party billing fee will be added to each semester's tuition invoice. If the employer chooses not to pay this fee, it will be charged back to the individual student each semester.** If you have any further billing questions, please contact Student Accounts at (800) 775-4323 or student.accounts@ctrl.msu.edu. **Please fax the completed form to the Student Accounts Office at (517) 353-9640.**