

Direct Bill Certification and Authorization

Effective or Revised Date: 01/27/21

Submission Instructions

Once you have completed this form in its entirety, please print, sign, or e-sign, and submit it to 866-279-1203 or Direct.Bill@staff.uagc.edu. You must submit your employer/sponsor/agency's Direct Bill voucher five (5) days prior to starting class.

Student Information

First Name:	Last Name:	Student ID:		
Address:	City:	State:	Zip:	
Phone:	Email:			
Start Date:	Enrollment Services Advisor:			
Employer/Sponsor/Agen	cy Information (All fields MUST be c	ompleted)		
Company Name:				
Address (billing):	City:	State:	Zip:	
REQUIRED: Employer/Sponsor	r/Agency Representative Name (please print)	:		
Representative's Work Phone:		Address:		

Terms and Conditions of Direct Bill Plan

- 1. In order to be eligible to select this payment option, my employer/sponsor/agency must be on the University of Arizona Global Campus's pre-approved Direct Bill list or meet the Direct Bill requirements as determined by the University of Arizona Global Campus.
- 2. The University of Arizona Global Campus will utilize my social security number on billing documentation disclosed to my employer/sponsor/agency. Information regarding my student class schedule and my financial information will also be disclosed. My signature below authorizes the release of this information to my employer/sponsor/agency.



- The University of Arizona Global Campus will bill my employer/sponsor/agency directly based on approved documentation, which consists of the authorized voucher, Letter of Credit, or purchase order. Payment is due within 90 days from the start of each class.
- 4. I understand that the terms and conditions of this Direct Bill Plan are not contingent upon the receipt of a grade, course completion, or reimbursement by my employer/sponsor/agency.
- 5. I understand that the University of Arizona Global Campus will not release course grade information to my employer/sponsor/agency without my specific consent unless permitted by law. I may access the Student Portal to obtain course information and grades or download an unofficial transcript. If an official transcript is required, I may request one through my Student Portal or the Parchment site.
- 6. I understand that any and all outstanding tuition and fee charges remain my responsibility if for any reason my employer/sponsor/agency refuses to pay the University of Arizona Global Campus. I understand that I am also responsible for resolving any outstanding balance prior to registering for a subsequent term.
- 7. I understand that the University of Arizona Global Campus reserves the right to assess late payment fees, unschedule me from attending future courses, or withdraw me from the program for outstanding payments beyond 90 days, or for my failure to submit the voucher authorization five (5) days prior to the start of each course, or for my failure to comply with my enrollment agreement or the applicable policies and procedures of the University of Arizona Global Campus, which are set forth in the University of Arizona Global Campus Catalog, available at <u>WWW.UAGC.EDU/CATALOG.</u>
- 8. I understand that the terms and conditions of this Direct Bill Plan, tuition, fees, and payment requirements are subject to change. Information regarding current tuition and fees is available in the University of Arizona Global Campus Catalog, available at <u>WWW.UAGC.EDU/CATALOG</u>.

Acknowledgment

I have read, agree to, and fully understand the terms listed above. I certify that I am currently affiliated with the employer/sponsor/agency named above and that I am eligible for benefits/sponsorship of their Direct Bill Program.

Student Signature: ______

Date: ___

You have provided your consent to receive documents from the University of Arizona Global Campus in electronic form as part of your Online Application. For more information, please refer to the Electronic Communication section of the Catalog.