

Haverty Hall 139 | 701.671.2216 | NDSCS.BusinessAffairsOffice@ndscs.edu

North Dakota State College of Science • 800 Sixth Street North • Wahpeton, ND 58076-0002 • 1.800.342.4325 • www.NDSCS.edu

THIRD PARTY or EMPLOYER FUNDED BILLING AUTHORIZATION

THIRD PARTY or EMPLOYER INFORMATION

Business Name	
Address	
Contact Name and Title (printed)	
Contact Email and Phone Number	
STUDENT/EMPLOYEE INFORMATION	
Name	
NDSCS Student ID or DOB NDSCS Program	
AUTHORIZATION DETAILS	
Semester Covered: 🛛 Fall (Aug-Dec) 🗌 Spring (Jan-May) 🔲 Summer (June-July)	Year
Eligible Charges: Please mark all items that may be billed to the Third Party/Employer a percentage covered for each item. Additional cost details can be found online at www.N	-
Items Approved Dollar Amour	t or Percentage Covered
□ Tuition and Fees (Wahpeton/Fargo/Online Tuition and Mandatory/Instructional/Access Fees)	
Registration/Orientation Fee (applied students 1st semester only)	
Required Books (Textbooks and Inclusive Access (digital) books)	
□ Tools and/or Box (www.NDSCSBookstore.com > Tools)	
Dining Plan/On-Campus Living	
Parking Permit	
Required Uniforms	
Other (Please list)	
If the Student/Employee should withdraw during the semester and receive only a partial	refund of tuition/fees,

or the Student/Employee is no longer eligible/employed, the billing scenario described below should be followed:

- □ Third Party/Employer will pay amount owed regardless if the Student/Employee is no longer enrolled or employed
- □ The Student/Employee should be made financially responsible for all amounts due
- □ Third Party/Employer will contact NDSCS if Student/Employee is no longer employed
- □ Other:

THIRD PARTY or EMPLOYER CONFIRMATION OF FINACIAL RESPONSIBILITY

By signing below, I confirm the following:

- This completed form, along with a FERPA form, for each Student/Employee, will be submitted to NDSCS Business Affairs prior to the start of each semester to ensure accurate and timely billing.
- Employer will pay balance due within 30 days of the invoice date.
- If the Third Party/Employer does not make payment by the due date, the billing may be reversed, and the Student/Employee may become financially responsible for the outstanding amounts owed. This may prevent them from enrolling for future semesters or obtaining a transcript.

Date___

• Third Party/Employer accounts that are 60+ days past due may be assessed a 1.75% monthly late payment fee.

Third Party/Employer Signature____

Questions? Contact Nicole - 701-671-2135 | Nicole.Matejcek@ndscs.edu

Return Completed Forms To: NDSCS Business Affairs, 800 6th St. N., Wahpeton, ND 58076 | NDSCS.BusinessAffairsOffice@ndscs.edu