

3rd Party Agency Billing Instructions:

Agency Billing Address

Address: _____

City: _____ State: _____ Zip: _____

Contact Person

Name: _____

Email Address: _____ Phone: _____

I authorize College of the Siskiyous to apply this voucher to the students listed above for the amount indicated. I understand it is my responsibility to hold the students accountable and that my agency is liable for payment to COS for the full amount authorized. I understand that ultimately the student is responsible for payment of all unpaid charges. I understand that any bookstore purchases made against this voucher will become the sole property of the student that made the purchase. However, any refunds on bookstore purchases will be returned to the agency who authorized and paid the purchase.

Authorized Signature: _____ Authorized Name: _____

Title: _____ Date: _____

DISCLOSURES:

- COS will not accept authorization if payment is contingent upon successful completion of classes. Changes to billing is based on a term to term basis.
- Any incomplete authorization forms will be returned to the agency and result in a delay in processing.
- Non-compliance with COS' 3rd Party billing requirements may result in the cancellation of billing services. Unpaid 3rd Party invoices will be released to the student's account 45 days from the invoice due date.
- The delinquent agency may become in-eligible for future 3rd Party billings.
- Non-payment by the student may result in withholding of diplomas, certifications and registration and be subject to referral to an outside collections agency and additional collections fees of up to 20% of the balance due.

NOTE: The billing office cannot monitor enrollment, grades, attendance, or status of Financial Aid.