

**Third Party Billing Form – On Campus**

Financial Services
671 Winyah Drive
Orlando, FL 32803
Fax: 407-303-7680
Email: terri.roche@ahu.edu

If you would like an invoice to be sent to a 3rd party organization for tuition/fees, please select one of the 3rd party organizations listed below & return completed form to Terri Roche (last name A-M) or Kimberly Cherella (last name N-Z), located on the second floor of the Campus Center building in Financial Services. A new form is only required if there are any changes to your 3rd party organization.

Student Name _____ ID # _____ Date _____

Academic year: _____ Select Trimester: Fall Spring Summer

Check one of the 3rd Party Organizations below:

Florida Prepaid: **Restricted** (invoice per credit hr) or **Unrestricted** (invoice full amount)
Student must provide copy of Florida Prepaid card with this form.

Educational Subsidy:

Name of Conference or College providing subsidy _____

Address _____

Phone # _____

Employee Name _____

Vocational Rehabilitation:

Contact Name _____

Address _____

Phone # _____

Other 3rd Party billing information not listed above:

Organization Name _____

Address _____

Phone # _____

Contact Name _____