



Third Party Billing Form
 Business Office
 671 Winyah Drive
 Orlando, FL 32803
 Fax: 407-303-7680

If you would like an invoice to be sent to a 3rd party organization for tuition/fees, please review the 3rd party organizations listed below & email completed form to your Student Account Manager assigned by last names. Yahaira Valles (last name A-M): yahaira.valles@ahu.edu or Kimberly Cherella (last name N-Z): kimberly.cherella@ahu.edu. The Business Office is 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 details below for your 3rd Party Organization:

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

EdAssist/Bright Horizon Students:
 Please submit your Letter of Credit to your AHU Student Account Manager for invoicing.

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 _____