

# HARRIS-STOWE STATE UNIVERSITY

## Third-Party Agreement and Statement of Financial Responsibility

By signing this form, I, the student, agree that I am fully responsible for the charges incurred as the result of registration activity and other fees that may get charged to my student account including but not limited to: tuition, course fees, books, supplies and any other miscellaneous charges. I understand and agree to the terms and conditions below. I further understand that if an external organization makes a commitment to pay my educational expenses, I must comply with the third party payers' requirements for payment. If the third party payer does not cover the full charges for the semester, I understand I must either pay the balance in full or participate in the University's monthly payment plan to become financially cleared for the semester. I further understand communication of third party billings and payments will be communicated with the Office of Financial Assistance.

If the charges are not paid as noted below, I am responsible for payment toward the charges incurred and enrollment in future semesters may be prevented if the required payment is not received by the University.

Student Name: \_\_\_\_\_ Student ID number: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Payer Name: \_\_\_\_\_

Payer Phone Number: \_\_\_\_\_ Payer Email: \_\_\_\_\_

Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Anticipated Third Party Payer Resources: *(To be completed by HSSU staff)*

1. Tuition: \_\_\_\_\_ 5. Housing: \_\_\_\_\_

2. Fees: \_\_\_\_\_ 6. Meals: \_\_\_\_\_

3. Books: \_\_\_\_\_

4. Supplies: \_\_\_\_\_

Total Payer Resources: \_\_\_\_\_

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### **Third-Party Billing:**

When an external organization makes a commitment to pay your educational expenses, they are considered a third-party payer. This organization must submit a letter of authorization to the Office of the Cashier. The authorization should include:

1. Student name
2. Semester covered by funds
3. Type of charges and fees covered (tuition, fees, books, etc.)
4. Correspondence address
5. Contact person's name, telephone number, and email address

Third-party payers must pay the University directly. Organizations that pay or reimburse students directly will not be allowed to participate in third party billing.

Once the letter of authorization is received from the Office of the Cashier, an invoice will be forwarded to the third-party payer. Invoices will be submitted at the beginning of the semester, after the end of the refund of tuition period. All invoices will be accompanied by the third-party payer's required supporting documentation (i.e. verification of enrollment, fee schedule and book and supply receipts.)

Balances that remain unpaid or are not paid by the third party are the responsibility of the student. Unpaid balances may result in not being able to register in future sessions.

### **Refunds**

If your account has payments in excess of charges assessed for the current semester, the third-party payer will be notified and funds may be returned to the third-party payer, if necessary. As a result, any balance owed is the responsibility of the student.

### **Enrollment Adjustments or Withdrawal**

If you make an enrollment change, the University may be required to communicate the change in enrollment to the third party payer. As a result, the amount paid to the University may be adjusted or returned to the third-party payer. Any balance owed the University due to an adjustment by the third-party payer, is owed by the student.

### **Delinquent Indebtedness**

The University will pursue any and all collection efforts and practices including referring the account to a collection agency and/or attorney and reporting to the credit bureau or collection by the Missouri Department of Revenue. The account will be assessed all additional collection charges associated with the collection of the debt including but not limited to collection agency fees, attorney's fees, court costs and all other charges allowed by the law.