



Student Accounts Office
6350 Coburg Road
2nd Floor, A&A Bldg.
Halifax, Nova Scotia
Canada B3H 2A1
Tel: 902.422.1271 Ext: 116
Fax: 902.446-6229
EM: accounts@ukings.ca

THIRD PARTY BILLING INFORMATION FORM

SECTION A. Sponsor Information

Name: _____ Contact Name: _____

Billing Address: _____

Telephone Number: _____ Fax Number: _____

SECTION B. Student Information

(If you want to provide authorization for more than one student please attach a list with the names and student ID numbers. Unless noted otherwise the same authorization coverage from Section C will apply to all students on a list.)

Student Name: _____ Student ID #: _____

Program of Study: _____

Authorization terms (check all that apply): Fall: ____ Winter: ____ Summer: ____

SECTION C. Authorization Coverage

Please indicate the charges you agree to pay as a sponsor. (A description of tuition and fees can be obtained at <http://www.ukings.ca/tuition-breakdown>.)

All Charges, if not please specify;

Tuition Additional Information: _____

Mandatory Student Fees _____

Account Balance Only _____

KSU Health and Dental Plan _____

International Health (if applicable)

Non-compulsory charges (e.g. housing, meal plan etc). Specify here: _____

To be completed by the student:

I hereby authorize The University of King's College to invoice the above Sponsor for the authorized coverage as specified in Section C above.

I agree I will immediately notify my Sponsor of any changes to my registration, including my course load.

I understand that I am responsible to pay by the term due date, all charges on my student account not covered by my Sponsor, including the KSU Health and Dental Plan should I wish to not opt out by the KSU deadline.

Student Signature: _____ Date: _____

To be completed by the sponsor:

The undersigned hereby agrees to pay the charges set out in Section C for each students listed in Section B.

Sponsors Signature: _____ Date: _____