



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](mailto: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**

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Program of Study: \_\_\_\_\_

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

(Student's must also email [accounts@ukings.ca](mailto:accounts@ukings.ca) once they are registered for the summer term in order for a summer invoice to be issued).

### **SECTION C. Authorization Coverage**

Please indicate the charges you agree to pay as a sponsor.

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 understand a new form must be submitted at the start of each academic school year.

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. Forms submitted after the term due date will be subjected to late fees and interest.

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: \_\_\_\_\_