



Student Accounts Office  
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## THIRD PARTY BILLING INFORMATION FORM

### **SECTION A. Sponsor Information**

Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Telephone/Fax # \_\_\_\_\_ Email: \_\_\_\_\_

### **SECTION B. Student Information**

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

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

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

(\* Student's must 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).

The term invoice will be emailed to ones sponsor the first day after the term due date (also the last day to add/drop courses), and the due date for the invoiced amount will be extended 30 days from the term due date.

### **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, and that I hereby authorize The University of King's College to invoice the above Sponsor for the authorized coverage as specified in Section C. I also understand if my Sponsor is not funding the King's Student's Union Health and Dental Plan and I wish to opt out that I must do so online at [ksu.ca](http://ksu.ca) by the fall term deadline (which is the same date as the fall term due date for tuition and fees).

I agree I will immediately notify my Sponsor and the King's Student Accounts Office of any changes to my registration beyond the term due date (including course withdrawals and late registration), to ensure proper invoicing.

I understand that I am responsible to pay by the term due date, all charges on my student account not covered by my Sponsor, (e.g: KSU Health and Dental Plan, residence costs etc.). 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.