

**SAMPLE OF THIRD PARTY BILLING AUTHORIZATION
On Company/Agency Letterhead**

Date

Kalamazoo Valley Community College
Attn: Accounts Receivable
P.O. Box 4070
6767 West O Avenue
Kalamazoo, MI 49003-4070

RE: Student Name and Valley ID #

This letter represents authorization for Kalamazoo Valley Community College to invoice:
Full Name of Company/Agency, Attn:, Billing Address
Contact Name
E-Mail Address for invoice (invoices will be e-mailed after the last day to drop with refund)
Telephone/Fax Number

1. For the following itemized expenses for the above listed student(s): (example: tuition, class(es), fee(s), book(s), supplies, etc.).
2. For the designated semester(s) of :
3. The following restrictions apply: (example: specific class(es), number of credits, dollar amount, book(s) only, supplies only, financial aid (primary/secondary) and/or sales tax exemption for purchase of book(s) and/or supplies (please provide a copy of Sales Tax Certificate)

Authorized Signature from the company (**must not be signed by student**)
(Please type/print name)

The letter of authorization **must** include the above information. Authorization letter must be received in the Accounts Receivable office prior to the tuition due date in order to hold class(es) . Completed authorizations can be mailed to the address above, e-mailed or faxed to the Accounts Receivable Office.

E-mail accountsreceivable@kvcc.edu
Fax 269.488-4555
Accounts Receivable Office Phone: 269.488-4227

Thank you for selecting Kalamazoo Valley as your education provider.