



OHIO
UNIVERSITY

Employer Direct Billing Authorization

This completed form allows Ohio University to bill the student’s employer directly. Please return this form to the Office of the Bursar, 010 Chubb Hall, Athens, OH 45701, or fax to (740) 593-0767.

EMPLOYER AGREEMENT

By submitting this form, the below named employer/sponsor agrees to pay directly to Ohio University the specified amount of tuition and/or fees charged as set forth in the payment schedule below.

Student Name PID#

Employer Name/Department

Billing Address City, State, Zip

Phone Email

Authorized Signature Date

Name (Please print) Title

PAYMENT SCHEDULE (Please list the total to be paid by term.) For Year 20____

Fall	Winter	Spring	Summer
\$ _____	\$ _____	\$ _____	\$ _____

STUDENT AGREEMENT

I, _____ have registered or will register for the quarter(s) listed above. I acknowledge that although my employer will be billed for these charges, the account is still in my name and therefore I am ultimately responsible for any unpaid charges or fees including late fees and collection costs. I also understand that the University has the right to place a hold on my account that prevents further registration, access to grades, transcripts, or receipt of diploma.

Student’s Signature Date