



Northern Illinois University

THIRD PARTY BILLING AGREEMENT

OFFICE OF THE BURSAR

Phone: (815) 753-9197

FAX: (815) 753-0491

STUDENT INFORMATION:

STUDENT NAME (LAST, FIRST MIDDLE)

(____) ____ - ____
PHONE NUMBER

8-DIGIT STUDENT ID

STREET

APT. #

CITY STATE ZIP

THIRD PARTY SPONSOR:

THIRD PARTY SPONSOR	SPONSOR CONTACT NAME	CONTACT PHONE NUMBER	SEMESTER COVERED
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I hereby authorize Northern Illinois University’s (NIU) Bursar’s Office to report and invoice my third party sponsor for tuition, fees, housing, books, and other education-related charges. Additionally, I agree to and understand the following:

- I understand depending on my third party sponsor’s billing requirements, NIU may report any federal, state and/or institutional grants, waivers, and scholarships for the semester to the third party sponsor which may or may not affect the balance paid by your third party sponsor.
- I understand NIU may report course enrollment information for the semester to the third party sponsor.
- I understand any Third Party Payments posted on MyNIU account will be applied towards applicable charges for the semester. In some instances, credit balances may occur from the posting of the third party payment to MyNIU account. Prior to a refund being issued to me, the Financial Aid and Scholarship Office will review the status of all aid to prevent any potential over-awarding.
- I understand this agreement does not relieve me from any financial responsibility to NIU. I am fully liable for making timely payments for all charges not covered by my third party sponsor, and may be subject to late payment fees if payments are not made on time.
- I understand balances exceeding \$500.00 or more must be paid in full in order to register for an upcoming enrollment period. Additionally, my balance must be paid in full in order to receive an official transcript.
- I understand any unpaid charges left on my account are subject to collection action and collection costs, including being reported to the Illinois State Comptroller for collection of balances by any means deemed appropriate.

Student Signature _____ Date _____

RETURN THE COMPLETED FORM:

By Mail: Office of the Bursar
Northern Illinois University
1425 W. Lincoln Highway
DeKalb, Illinois 60115-2828

By E-mail: bursar@niu.edu

In Person: Bursar Office
NIU – DeKalb Campus
Swen Parson Hall
Room 210

By FAX: (815) 753-0491