

INTERNAL BILLING AUTHORIZATION

RETURN FORM:

BY MAIL TO:

Student Financial Services
 University of Minnesota Duluth
 129 Darland Administration Building
 1049 University Drive
 Duluth MN 55812-3011

IN PERSON ON CAMPUS TO:

Student Financial Services
 129 Darland Administration Building

QUESTIONS?

Phone: 218-726-8000
 TTY (hearing impaired):
 800-627-3529
 Email: umdsfs@d.umn.edu

DIRECTIONS –

Use this form to set up internal billing authorizations on student accounts. Authorizations must be submitted before the due date of the first student bill. (Please go to [What and when to pay](#) for applicable payment due dates.) Late payment fees and installment/re-billing fees that result from submitting authorizations after the first student due date will not be waived. If you want to provide authorization for more than one student, you may attach a list with the names, student ID numbers, and maximum dollar amounts for any students not listed in Section B. See [tuition](#) and [fee](#) rates.

Complete this form in Adobe Reader software, not a Web browser, to ensure the privacy of your information.

Place the cursor in a field and type. Print a copy to add required signature(s) in blue or black ink.

SECTION A: Student information																						
Name (last, first, middle initial)		Student ID number																				
Authorized terms (check all that apply): <input type="checkbox"/> fall term 20____(year) <input type="checkbox"/> spring term 20____(year) <input type="checkbox"/> May/summer term 20____(year) If the award is authorized for multiple years: <input type="checkbox"/> fall term <input type="checkbox"/> spring term 20____ to: <input type="checkbox"/> fall term <input type="checkbox"/> spring term 20____(year)																						
SECTION B: Department information																						
Department name		College																				
Contact name	Phone number	Contact person's e-mail																				
Chartfield string		External org number																				
SECTION C: Authorized coverage																						
If applicable, check the internal billing category that corresponds to the charges you want to set up for internal billing. Enter the maximum dollar amounts that the department will pay for each specific charge.																						
<table border="1"> <thead> <tr> <th>Internal billing categories</th> <th>Maximum \$ amount</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Academic/technology fees</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Course fees</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Late payment and installment plan/re-billing fees</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Late registration fees</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Optional fees</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Required fees</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Health insurance</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Tuition</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Other (please specify)</td> <td>\$</td> </tr> </tbody> </table>		Internal billing categories	Maximum \$ amount	<input type="checkbox"/> Academic/technology fees	\$	<input type="checkbox"/> Course fees	\$	<input type="checkbox"/> Late payment and installment plan/re-billing fees	\$	<input type="checkbox"/> Late registration fees	\$	<input type="checkbox"/> Optional fees	\$	<input type="checkbox"/> Required fees	\$	<input type="checkbox"/> Health insurance	\$	<input type="checkbox"/> Tuition	\$	<input type="checkbox"/> Other (please specify)	\$	Additional information:
Internal billing categories	Maximum \$ amount																					
<input type="checkbox"/> Academic/technology fees	\$																					
<input type="checkbox"/> Course fees	\$																					
<input type="checkbox"/> Late payment and installment plan/re-billing fees	\$																					
<input type="checkbox"/> Late registration fees	\$																					
<input type="checkbox"/> Optional fees	\$																					
<input type="checkbox"/> Required fees	\$																					
<input type="checkbox"/> Health insurance	\$																					
<input type="checkbox"/> Tuition	\$																					
<input type="checkbox"/> Other (please specify)	\$																					



To request copies of this form in an alternative format: 218-726-8000. UMD is an equal opportunity employer and educator.