Texas Wesleyan University

Third Party Billing Agreement

_____ _____ _____
Last Name First Name MI

_____ _____ _____
Student ID # Home Telephone Cell Phone

Email Address
School:_____

Other:_____

***Permanent Address*:**

_____
Street

_____
City State Zip

Current Address:

_____
Street

_____
City State Zip

Current Employer or Bill Payer:

Company Name or Program_____

Contact Person: _____

Phone #: _____ Fax #:_____

Email Address:_____

Company/Program Address:_____

City_____ State_____ Zip _____

Tuition Voucher Amount $ _____