OAKLAND UNIVERSITY™
Professional and Continuing Education

Professional & Continuing Education (PACE)
Strategic Programs
440C Pawley Hall
Rochester, Michigan 48309-4401
Telephone: (248) 370-3177
Facsimile: (248) 370-3090

AP Summer Institute 2015
PACE NOTICE OF PARTICIPANT BILLING AUTHORIZATION – THIRD PARTY PAYOR

Payor Name, Address and Telephone ("Payor") _____

_____

_____

_____

Participants' Name and Last 4 Digits of Grizzly ID ("Student") if applicable _____

Participants' e-mail: _____ **Participants' telephone number**: _____

APSI Course Name: _____ **Course No.** _____

Date of Course: _____

Oakland University ("University") is authorized to charge the Payor, and the Payor agrees to pay to the University, the following amount on behalf of each Student for the Payment Period:

[ ] The total sum of $590.00 per participant (Non-credit without meals)

[ ] The total sum of $650.00 per participant (Non-credit with meals)

The University will issue an initial invoice to the Payor at the Payor's address listed above for each Payment Period following the University's deadline for adding a course and/or dropping a course in that Payment Period and will periodically issue subsequent invoices reflecting additional account activity (if any) relating to this Authorization. All payments are due within thirty (30) calendar days of the invoice date and all amounts are payable in US dollars. Payments may be made by check or electronic funds transfers ("EFT"). Checks must be payable to Oakland University and remitted to: Student Business Services, 110 North Foundation Hall, Rochester, Michigan 48309-4401. Please contact the University's Student Business Services office at 248-370-4636 for EFT instructions. All payments must include the Student's last name, first name, middle initial (if available), last four digits of their Grizzly ID, and the exact amount being paid for the Student.

Notwithstanding this Authorization, the Student is responsible for payment of all amounts due to the University and any amounts not paid by the Payor will be added to the Student's account. Past due balances, regardless of the cause, will result in holds upon the Student's future registrations, transcripts, diplomas and other University statements of record.

The Payor acknowledges and agrees that: (i) the Student will be responsible for providing to the Payor copies of all required student records (if applicable); and (ii) this Authorization will be governed by Michigan law and Michigan will be the venue for any legal, administrative or other actions relating in any way to this Authorization.

Authorized Signature: _____

Signer's Name and Title (please print): _____

Date: _____

(Record)