Student Housing Third-Party Rent Payment Authorization Form

STUDENT INFORMATION Student Name Student ID Number Phone Number **Email Address** Housing Address THIRD-PARTY PAYER INFORMATION Name of Third-Party Relationship to Student Organization (if applicable) Phone Number **Email Address** Billing Address **AUTHORIZATION DETAILS** Amount to be Paid

Start Date

Frequency

End Date		
Additional Notes		
AUTHORIZATION AGREE	MENT	
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By signing below, both the s	tudent and the third-party payer authorize pa	yment according to the terms above.
Student Signature		
Student Signature		
Student Signature		
Student Signature Date		
Date		
Date		
Date		
Date Third-Party Signature		