

CHAMPLAIN COLLEGE

EMPLOYER BILLING PAYMENT OPTION

STUDENT INFORMATION

EMPLOYEE'S NAME (Last, First, Middle)

SOCIAL SECURITY NUMBER

FEMALE MALE

COURSE TITLE

FALL SPRING SUMMER

EMPLOYEE'S SIGNATURE

DATE

IMPORTANT: All methods of payment require backup credit card information. This information is required by the student in Section 4 of the Registration Form. In the event that payment is not received within 30 days of billing/registration, your backup credit card will be charged. In the event that you withdraw from your class(es), and payment arrangements are not made at that time, any tuition costs due will be charged to your backup credit card.

EMPLOYER BILLING INFORMATION

Payment is due within 30 days of billing/registration.

EMPLOYER

PHONE NUMBER

EMPLOYER MAILING ADDRESS

AUTHORIZED REPRESENTATIVE (Please Print)

TITLE

SIGNATURE OF AUTHORIZED REPRESENTATIVE

AMOUNT AUTHORIZED

VOUCHER NUMBER

Once completed, please fax (802-860-2774) or mail this form to: Advising & Registration Center, Champlain College, P.O. Box 670, Burlington, VT 05402-0670.