FLINT HILLS TECHNICAL COLLEGE

Third Party Payment Authorization

620.343.4600 | 800.711.6947 | FAX: 620.343.4610 www.fhtc.edu 3301 WEST 18TH AVENUE | EMPORIA, KANSAS 66801

Payee Information

Company/Organization

Billing Address _____
Street City State Zip

Telephone Number _____ Email _____

Payment Agreement

Payment per student to be billed to Company/Organization $ _____ x _____ Number of Students Enrolled = $ _____Total Amount

Individual Payment Information

Please record the items/amounts to be billed for each individual.

Student Name	Tuition	Fees	Textbook/CD's/Media
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$

Semester ☐ Fall ☐ Spring ☐ Summer Year _____

Person Authorizing _____ Title _____
Print Full Name

_____ _____
Person Authorizing Signature Date

☐ By checking this box you have created an electronic signature as legally binding as your hand-written signature.

Please fax completed form to: 620.343.4797 or email the completed pdf to sumendoza@fhtc.edu.