

# MODESTO JUNIOR COLLEGE

Business Services  
435 College Avenue / Modesto, CA 95350  
Phone 209.575.6828 / Fax 209.575.6745



## AUTHORIZATION TO BILL

Date: \_\_\_\_\_

Year/Term: \_\_\_\_\_

Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student ID # \_\_\_\_\_ Your P.O.# or File #: \_\_\_\_\_

### FEES TO BE DEFERRED:

Please Check Box(s)

- |  |  |
|--|--|
| <input type="checkbox"/> \$ _____ Enrollment           | <input type="checkbox"/> \$ _____ Health Fee       |
| <input type="checkbox"/> \$ _____ Student Center Fee   | <input type="checkbox"/> \$ _____ Student Rep Fee  |
| <input type="checkbox"/> \$ _____ Non-Resident Tuition | <input type="checkbox"/> \$ _____ Activity Fee     |
| <input type="checkbox"/> \$ _____ Parking Permit       | <input type="checkbox"/> \$ _____ Materials Charge |

TOTAL TO BE BILLED / DEFERRED (Not to Exceed) \$ \_\_\_\_\_

AUTHORIZING AGENCY'S SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_

PHONE \_\_\_\_\_ EXT \_\_\_\_\_

This form must be completed in full or it CAN NOT be processed.  
Please mail or fax this form to the address or fax # above