

Florida Prepaid College Program Payment Authorization Form

This form must be **completed each semester/term** by the student.

Please fill in **ALL** blank spaces and sign the bottom of the form. If any information is missing or incomplete, **we will not invoice** Florida Prepaid College Program on your behalf.

I _____ authorize Barry University's Office of Student Accounts to request payment from the Florida Prepaid College Program for the term identified below. It is my responsibility to pay any amount invoiced and not paid by the Florida Prepaid College Program.

1. Please select the term you would like to bill **and** write in the year.

[] Fall _____ [] Spring _____ [] Summer I _____ [] Summer II _____

2. Please select account type(s):

a. Restricted _____ **or** Unrestricted _____

b. Check all that apply for billing:

A. Tuition _____ credits (Restricted Account) **or** \$ _____ (Unrestricted Account)

B. _____ Dormitory Fees (annual maximum applies)

C. _____ Local fee **or** _____ credits

3. Are you a Foundation Scholarship student: Yes _____ **or** NO _____

Wet Student Signature _____

Last 4 of Social Security Number _____

Barry Student ID _____

Phone Number _____ - _____ - _____

Date _____

This form will not be processed without a student wet signature, Barry Student ID number, term, and year to bill for, date, and Florida Prepaid Program (FPP) account type. FPP does not reprocess invoices, please be sure Barry is authorized to invoice FPP for tuition and fees

