

WESTERN TECHNICAL COLLEGE

Authorization for Payment (Degree Classes Only)

I Hereby Authorize:

Last First Middle Student ID # or DOB

to take the following classes:

Authorized Expenses:

Term _____

_____ Tuition – Not to Exceed \$ _____

_____ Required Books – Not to Exceed \$ _____

_____ Supplies (Pencils, Pens, Paper, etc.) – Not to Exceed \$ _____

_____ Other (Please Specify) – Not to Exceed \$ _____

Billing Information:

Agency/Company Name

Authorized Name

P.O./Street Address

Authorized Signature

City

State

Zip

Telephone Number

Tax Exempt (Yes or No) and Tax Exempt Number

Return Completed/Signed Form To: Brandy

ottb@westernnc.edu or fax 608-789-4720

Phone 608-789-6187

Western Technical College Cashier's Office

400 North Seventh Street

P.O. Box C-0908

La Crosse, WI 54602

Please feel free to call or email Brandy with questions

Please submit this form at the time of registration! This authorization confirms your financial responsibility. Cancellation of this authorization must be submitted in writing to the Cashier's Office prior to the first class meeting to release your financial obligation.