GOLDEN GATE UNIVERSITY

Student Financial Services, 660 Fourth St. PO Box 191, San Francisco, CA 94107 415-442-7839

CORPORATE/AGENCY DIRECT BILL PLAN AUTHORIZATION FORM
SPRING 2027

Students whose employer will pay Golden Gate University directly for educational expenses may defer payment at the time of registration with this completed Authorization Form. The following conditions apply:

1. In order to be eligible to select this plan **the employer must be a third party other than the student**; GGU and the employer must execute this contract prior to registration.
2. The company agrees to pay tuition for the authorized employee/student without course completion or grade limitations.
3. The University will bill the company directly for all authorized costs, and the payment is due upon receipt. Late payment will result in a late charge of $40 and a 1.5 percent finance charge per month commencing after the due date.
4. The student must have this form completed by the employer and submitted to GGU at sas@ggu.edu. The form has to be received at Student Accounting Services prior to the term payment due date. **The employer representative signing this form must attach a business card – if card is not available, an approval email from the authorized officer will be sufficient.**
5. ***Tuition and fee charges remain the student's responsibility. If for any reason, the employer refuses to pay the University, the student remains responsible for any outstanding balance prior to registering for a subsequent term.***

TO BE COMPLETED BY STUDENT:

Student's Name _____

Student ID # _____

Student's Address _____

_____

Daytime Phone Number _____

Company Name _____

Attention: _____

Company Billing Address _____

_____

_____

I understand that I am responsible for full payment of all charges incurred if for any reason my employer does not pay the university. I promise to pay Golden Gate University for tuition and fees I have charged according to the terms and conditions of the payment plan I have selected. If action is brought to collect on any debt I have incurred, I promise to pay, in addition to the unpaid principle sum, such additional sums as attorney's fees as the court may adjudge reasonable, and interest at the prime rate. I understand and agree that I am liable for all charges incurred. I further understand and agree as a condition of my registration at Golden Gate University that I have carefully read and understand the terms of the Withdrawal Policy. I have read and understand the policy regarding tuition, fees, and academic regulations as published in the applicable *University Catalog*.

Student's Signature _____ Date _____

TO BE COMPLETED BY EMPLOYER:

Please indicate which of the following charges are eligible for payment by you. Please indicate any dollar limitations.

DOLLAR LIMITATIONS MUST BE INDICATED FOR BOOKS, TUITION AND SUPPLIES!

❑ Tuition $ _____

❑ Supplies $ _____

❑ Books $_____

❑ Total $ _____

I certify that the above information is correct and accurate and that I am an authorized representative of the above-mentioned company. I authorize Golden Gate University to bill this company for the above-indicated charges and that said company would pay these charges upon receipt of invoice without grade limitations.

Name _____ Title _____

Signature _____ Date _____

(This form cannot be processed without your employer's authorization.)