

AUTHORIZATION TO BILL FORM

COURSE INFORMATION	
Course#	Course Title:
Section#	Location:
Term: Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/>	
Cost* per student: (*Tuition + applicable fees, if any)	
LIST OF INDIVIDUALS YOU ARE REGISTERING	
NAME	RCC STUDENT ID#
AGENCY INFORMATION	
AGENCY:	ACCT#:
MAILING ADDRESS:	
CONTACT INFORMATION	
NAME:	PH:
EMAIL:	FAX:
<p><i>IMPORTANT!!! This form is an agreement to pay, not an invoice—your invoice will be mailed to you. To ensure your payment is applied to the correct account, PLEASE DO NOT SEND PAYMENT UNTIL YOU HAVE RECEIVED AN INVOICE FROM RCC'S BUDGET & FINANCIAL SERVICES OFFICE.</i></p>	
AUTHORIZED SIGNATURE: _____ DATE: _____	