



Nebraska Indian Community College

THIRD PARTY PAYMENT AGREEMENT

Instructions: This form must be filled out completely to be valid. Any questions please see Student Billing.

Date: _____

_____ is attending Nebraska Indian Community College, this

(Name of Student)

FA SP SU (circle one) semester of _____ . All tuition and fees will be paid by the listed

program/employer for the following courses:

Course Initial	Course Number	Course Title	Fee
TOTAL			

Program/Employer: _____

Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____ Email: _____

Manager's Printed Name: _____

Manager's Signature: _____ Date: _____

By signing this form, I _____ give NICC permission to release billing information/grades to the program listed above.

Student Signature: _____ Date: _____

Payments for student/employee should be sent to: Business Office
Nebraska Indian Community College
PO Box 428 1111, HWY 75
Macy, NE 68039-0428

PLEASE RETURN ORIGINAL TO THE NICC BUSINESS OFFICE