

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 Cashier/Business Office 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 pay by the Florida Prepaid College Program.

Fall _____ Spring _____ Summer I _____ Summer II _____

Please select account type: Restricted Unrestricted

Check all that apply

A. Tuition _____ credits **or** \$ _____
number

B. Dormitory Fees (one semester per academic year)

C. Local fee credit hours _____ credits
number

Student Signature _____

Social Security Number _____ - _____ - _____

Phone Number _____ - _____ - _____

Date _____

*This form will not be process without a student signature, social security number, date, Florida Prepaid Program (FFP) account type. FFP does not reprocess invoices, please be sure Barry is authorized to invoice FFP for tuition and fees.

