



Third Party Billing Authorization

Section A. Sponsor Information			
Sponsor Name:		Contact Name:	Vendor ID (If known):
Address:			Phone:
			Fax:
			E-Mail
Section B. Student Information			
If you want to provide authorization for more than one student please attach a list with the names, student ID numbers and maximum dollar amount (if applicable) for any students not listed in <b>Section B</b>			
Student Name:		UVic ID	Maximum Dollar Amount (If applicable)
			(YEAR)
Authorized Terms (Check all that apply):		Fall Term (Sep – Dec)	
		Spring Term (Jan – Apr)	
		Summer Term (May – Aug)	
If authorizing for multiple years:		From:	To:
		Term / Year	Term / Year
Section C. Authorized Coverage			
Please indicate the charges which you will accept to pay for as a sponsor.			
<b>Sponsor Billing Categories</b> <b>\$250 Deposit</b> (Refundable to student) <b>\$1000 acceptance fee</b> <b>Balance of housing fees</b>		I authorize the University of Victoria to invoice for the charges as outlined:	
<b>Mandatory Student Charges</b> <b>\$250 Deposit</b> (Refundable to student) <b>\$1000 acceptance fee</b> <b>Balance of housing fees</b>			
		<b>Authorized Sponsor Signature:</b> (Full regular signature within box above)	
Office Use Only			
Submission of the Authorization Form indicates that the student consents to the disclosure of their residence room and rate information to the Band and authorizes Residence Services to share this information directly with the Band for payment purposes.			

Return completed form to:

**By Email:** [resacct@uvic.ca](mailto:resacct@uvic.ca)

**By Mail:** Residence Services - Accounting  
PO Box 1700 STN CSC  
Victoria, BC V8W 2Y2

**Telephone:** 250-472-4712