

## **Sponsor Direct Billing Authorization Form** September 1, 2025 - August 31, 2026

SPONSOR AGREEMENT			
rudent Name: Student ID#:		ID#:	
onsor Name: Sp		Sponsor ID#: (UNB internal)	
Sponsor Address:		City/Prov./Postal Code:	
Phone#:		Email Address:	
TERMS			
By selecting multiple terms, this authori approved on a term by term basis, ple	izes UNB to invoice all terms indicated wi ase submit a new form each term.	thout further consent from you	ır organization. If Sponsorship is to be
Fall 2025 (Sept - Dec)	Winter 2026 (	Jan – Apr)	Summer 2026 (May – Aug)
FINANCIAL INFORMATION			
	nd pay the University of New Brunswick a payment terms. Due upon Receipt of Invo		
Tuition* & Mandatory Fee	es International He	alth Insurance	Residence & Meals
Online Fees	Undergraduate I	Health & Dental	Late Payment Fee
	Graduate Health	n & Dental	Pro-rated Fees**
	Includes International Differential Fee for Internat **Resulting from dropping course after the fee de		e found on the <u>Fee Regulation</u> information page.
Financial Restrictions / Additional Financial Fina		red Name (print)	Date
ATURENT A ORESASENT			
STUDENT AGREEMENT			
_	gister for the term(s) listed above, a arges, the account is still in my name	_	hough my Sponsoring Agency
	s which are my responsibility to pay olished fee payment deadline date:		approved payment plan must
	ecount is past due, the University of Netration, access to grades/transcripts		
If the mandatory UNB Inte	ernational Insurance Plan is not cove	ered, I will be responsible to	o pay for this insurance.
Student Sig	gnature		Date
The state of the s	prize UNB to invoice the Sponsor for student		sakudanta nraviida d

- Issuance of a credit to a Sponsor is at the discretion of UNB
- If UNB Financial Services has not received this form by the fee deadline date, the student will be charged a late payment fee
- UNB reserves the right to withhold sponsorship(s) from sponsor(s) with outstanding balances more than 60 days.