

Third Party Billing & Enrollment Authorization



This form should only be used to register for non-credit classes offered through Madison College School of Professional and Continuing Education and is **only required if an employer requests to be billed directly**.

Employee First Name, Last Name, M.I.	Organization Name
Employee Former Last Name	Street Address
Employee DOB (MM/DD/YYYY)	City, State, Zip Code
Employee Phone Number (XXX-XXX-XXXX)	Organization Representative Name
Employee Email Address	Organization Representative Phone
MATC ID# (If Known)	Organization Representative Email

I hereby authorize the above individual to enroll at Madison College Technical College and will be responsible for the payment of course fees, including books and materials, as indicated below:

5 Digit Class Number	Course Title	Class Date (s)	Course Fee	Book & Material
Total Maximum Charges Authorized				\$

Representative Signature _____ Date _____

Tax Exempt _____ No _____ Yes _____ Tax Exempt Number _____

Signed and dated forms should be submitted to:

Madison College
c/o: School of Professional & Continuing Education
1701 Wright Street
Madison WI 53704

-OR- scan and email completed forms to ace@madisoncollege.edu.

*For enrollment questions, please call (608) 258-2301, Option 2.
For invoicing questions, please contact Student Financials at (608) 616-3432.*

For internal use only

Received Date: _____ Registered Date: _____ Processed by: _____
Forwarded to Finance on: _____

Updated 03/2019