

## **Billing Address Form**

The student's name will always appear on the billing statement. Some students want to include another name such as a parent, guardian, or spouse as the primary recipient. You, the student, are still responsible to make sure that all charges to your MBU student account are paid as agreed.

Student Name:	Student ID #:
Student Personal E-Mail Address:	
Choose an Option:	
[ ] I (the student) choose to	o remain the primary recipient of billing statements sent for my account.
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The Responsible Party is to form needs to include the sa	whom we have permission to mail your monthly statement. The FERPA ame name you list below.
Responsible Party Name:	
Responsible Party Address: _	
City:	State: Zip:
Note: Billing stateme	ents will be sent to the local address unless specified above.
Responsible Party Phone Nu	mber:
Having provided cons	E-Mail Address:ent for electronic billing through a completed Financial Responsibility my billing statement to be sent electronically to the Responsible Party
A local address is required for stude	ents who do not live in MBU housing.
Student's Local Address:	
City:	State: Zip:
Note: You may log in and up	date your local address in MyMBU Access at <a href="http://MyMBU.mobap.edu">http://MyMBU.mobap.edu</a> .
Student Signature	Date:
Received By (MBU representative):_	Date: