

I hereby authorize Messiah College to send duplicate billings of my statement of account to the following person(s) until further notice.

STUDENT NAME: _____ **ID#:** _____

PERSON(S) TO BE BILLED: _____
ADDRESS: _____

I understand that it is my responsibility to contact the Business Office when the above address changes and/or I wish to terminate the duplicate billing of my statement of account.

SIGNATURE: _____ **DATE:** _____