BILLING INFORMATION FORM

Please complete this form fully. This information is utilized for internal billing setup, registration corrections, or in instances where 3rd-party fire department coverage is pending or unverified.

SECTION 1: COURSE INFORMATION

Course Title: _____

Course ID: _____ **Location:** _____

SECTION 2: STUDENT INFORMATION

Full Name: _____ **Date of Birth:** _____

Mailing Addr: _____

City / State / Zip: _____

Phone Num: _____ **Email Addr:** _____

SECTION 3: FIRE DEPARTMENT (3RD-PARTY) BILLING DETAILS

Department Name: _____

Billing Address: _____

City / State / Zip: _____

Authorized Officer: _____ **Officer Rank:** _____

Officer Phone: _____ **Officer Email:** _____

SECTION 4: FINANCIAL RESPONSIBILITY AGREEMENT

Please read carefully and initial next to each statement below to acknowledge terms:

Billing Authorization: I hereby authorize the training institution to invoice the fire department listed in Section 3 for all standard tuition, administrative fees, and associated course costs.

Ultimate Financial Responsibility: I understand and explicitly agree that the student (or parent/legal guardian if the student is under 18 years of age) remains ultimately responsible for all associated costs of this training program.

Conditions of Personal Liability: In the event that the designated fire department denies payment, is not officially structured/ approved for 3rd-party billing, fails to issue payment, or if I fail to properly attend and complete the class guidelines required by the department, I assume full personal financial liability for the outstanding balance.

Notice: Failure to successfully complete the course or maintain mandatory department attendance thresholds does not waive course fees. Unpaid balances may result in the withholding of certifications and restriction from future registrations.

SECTION 5: SIGNATURES & ACKNOWLEDGEMENT

By signing below, I certify that all information provided is accurate and that I bind myself to the financial terms stated above.

Student Signature: _____ **Date:** _____

PARENT / LEGAL GUARDIAN ENDORSEMENT (REQUIRED IF STUDENT IS UNDER 18)

Guardian Name: _____

Guardian Signature: _____ **Relationship:** _____

Guardian Phone: _____ **Date:** _____

FOR INTERNAL OFFICE USE ONLY

Date Rcvd: _____ **Processed By:** _____ **Invoice / Ref #:** _____

WESTMORELAND COUNTY COMMUNITY COLLEGE

Students First!