



**Northwood Technical College**  
 Formally Wisconsin Indianhead Technical College  
**UGRD AUTHORIZATION TO BILL FOR PAYMENT**

Please select campus location:

<input type="checkbox"/> Ashland Campus 2100 Beaser Avenue Ashland, WI 54806 715.682.4591	<input type="checkbox"/> New Richmond Campus 1019 S Knowles Ave New Richmond, WI 54017 715.246.6561	<input type="checkbox"/> Rice Lake Campus 1900 College Drive Rice Lake, WI 54868 715.234.7082	<input type="checkbox"/> Superior Campus 600 N 21st St Superior, WI 54880 715.394.6677	<input type="checkbox"/> Online
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**All Authorizations emailed to: authorization\_pay@northwoodtech.edu**

\_\_\_\_\_ will be covering the costs for the purpose selected below:

\_\_\_\_\_ Company Name

Student Name: \_\_\_\_\_

ID: \_\_\_\_\_  
(if known)

Student Name: \_\_\_\_\_

ID: \_\_\_\_\_  
(if known)

Student Name: \_\_\_\_\_

ID: \_\_\_\_\_  
(if known)

Student Name: \_\_\_\_\_

ID: \_\_\_\_\_  
(if known)

Select Applicable Charges:

Tuition  Misc Fees

Term/Semester or Class Date: \_\_\_\_\_

(example: Spring 2020 semester)

Note: Books need to be purchased online through  
 ecampus at the following email address:  
 northwoodtech@ecampus.com

\*If only paying for a specific class, list the class name/number

Class Name: \_\_\_\_\_

Class Number: \_\_\_\_\_

**Authorization:**

I understand that this Authorization is an agreement between Northwood Tech and the company stated above. I hereby authorize Northwood Tech to bill us for all costs associated per this agreement.

\_\_\_\_\_ Company Name

\_\_\_\_\_ Telephone

\_\_\_\_\_ Company Address

\_\_\_\_\_ City, State, Zip

\_\_\_\_\_ Contact Email Address

\_\_\_\_\_ Printed Authorized Name

\_\_\_\_\_ Authorized Title

\_\_\_\_\_ Authorized Signature

\_\_\_\_\_ Date Signed