

Summer I - Authorization Form

University of Miami Florida Prepaid College Program

This form is for students who will be enrolling in Summer sessions at the University of Miami and would like to apply Florida Prepaid funds to Summer tuition costs. The University of Miami requires that this form be completed and returned to the University *each* year before the Summer I semester begins. This form must be received by the University of Miami no later than April 1st of the current year.

Facsimile: (305) 284-3895

(To the attention of: Florida Prepaid Processing)

Mail: University of Miami

Attn: Florida Prepaid

P.O. Box 249115

Coral Gables, FL 33124

If you have any questions, please e-mail us at: saccounts@miami.edu or call us at: (305) 284-6430.

SUMMER I - AUTHORIZATION

Please read the following options carefully before selecting your payment authorization.

Summer I

UNRESTRICTED PAYMENT OPTION

If your general Authorization form (Fall/Spring authorization form filled out at start of enrollment) is marked "Unrestricted" please check off one of the following payment options.

- Fixed amount** - I authorize the University of Miami to bill the Florida Prepaid College Program the fixed amount of \$_____ from the Florida Prepaid Tuition Plan. **(Please fill in the fixed amount for this session you will authorize us to bill)**
- Fixed credit hours** - I authorize the University of Miami to bill the Florida Prepaid College Program for _____ number of credits from the Tuition Plan. **(Please fill in the number of credits for this session you will authorize us to bill)**
- Lump-sum payment** - I authorize University of Miami to bill the Florida Prepaid College Program the entire amount left in my Florida Prepaid account from the Tuition Plan.

RESTRICTED PAYMENT OPTION

If your general Authorization form (Fall/Spring authorization form filled out at start of enrollment) is marked "Restricted" please complete the following statement:

I authorize the University of Miami to bill the Florida Prepaid College Program, for _____ (number of credit hours in this blank MUST be at or below 15 credit hours) number of credit hours from the Tuition Plan.

- DORMITORY PAYMENT** – I authorize the University of Miami to bill the Florida Prepaid College Program for one (1) semester from the Dormitory Plan, at the same rate as the average dormitory rate at Florida's public colleges.

Furthermore, I authorize the University of Miami to bill the Florida Prepaid College Program for the balance of my funds left in the program in the following two situations: (a) if this balance is less than the fixed amount(s) authorized, (b) if this balance is less than the equivalent of the specified number of credits authorized. I will notify both the Florida Prepaid College Program and the University of Miami of any changes to the above in writing.

Signature of Purchaser of Prepaid Contract

Date

Student Name and ID Number

Summer II Authorization Form

University of Miami Florida Prepaid College Program

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SUMMER II AUTHORIZATION

Please read the following options carefully before selecting your payment authorization.

Summer II

UNRESTRICTED PAYMENT OPTION

If your general Authorization form (Fall/Spring authorization form filled out at start of enrollment) is marked "Unrestricted" please check off one of the following payment options.

- Fixed amount** - I authorize the University of Miami to bill the Florida Prepaid College Program the fixed amount of \$ _____ from the Florida Prepaid Tuition Plan. **(Please fill in the fixed amount for this session you will authorize us to bill)**
- Fixed credit hours** - I authorize the University of Miami to bill the Florida Prepaid College Program for ____ number of credits from the Tuition Plan. **(Please fill in the number of credits for this session you will authorize us to bill)**
- Lump-sum payment** - I authorize University of Miami to bill the Florida Prepaid College Program the entire amount left in my Florida Prepaid account from the Tuition Plan.

RESTRICTED PAYMENT OPTION

If your general Authorization form (Fall/Spring authorization form filled out at start of enrollment) is marked "Restricted" please complete the following statement:

I authorize the University of Miami to bill the Florida Prepaid College Program, for ____ (number of credit hours in this blank MUST be at or below 15 credit hours) number of credit hours from the Tuition Plan.

- DORMITORY PAYMENT** - I authorize the University of Miami to bill the Florida Prepaid College Program for one (1) semester from the Dormitory Plan, at the same rate as the average dormitory rate at Florida's public colleges.

Furthermore, I authorize the University of Miami to bill the Florida Prepaid College Program for the balance of my funds left in the program in the following two situations: (a) if this balance is less than the fixed amount(s) authorized, (b) if this balance is less than the equivalent of the specified number of credits authorized. I will notify both the Florida Prepaid College Program and the University of Miami of any changes to the above in writing.

Signature of Purchaser of Prepaid Contract

Date

Student Name and ID Number