

## Authorization for Payment

**I. I Hereby Authorize:**

_____	_____	_____	____/____/____
Last	First	Middle	Date of Birth
_____	_____	_____	____/____/____
Last	First	Middle	Date of Birth
_____	_____	_____	____/____/____
Last	First	Middle	Date of Birth
_____	_____	_____	____/____/____
Last	First	Middle	Date of Birth

**Indicate Apprenticeship Program:**

<input type="checkbox"/> Steamfitter	<input type="checkbox"/> Maintenance Technician
<input type="checkbox"/> Maintenance Mechanic/Millwright	<input type="checkbox"/> Tool & Die/Machinist
<input type="checkbox"/> Construction Electrician	<input type="checkbox"/> Metal Fabricator
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Other
<input type="checkbox"/> Industrial Electrician	

**II. Authorized Expenses (check appropriate items):**

Paid Related Instruction Fees – Credit Classes (Day School)

Unpaid Related Instruction Fees – Non-Credit Classes (Night School)

Required Books, Modules and Supplies\* Not to Exceed \$\_\_\_\_\_ (per semester)

Nonrequired Books, Modules or Supplies (pencils, pens, paper, etc.) Not to Exceed \$\_\_\_\_\_ (per semester)

Other (please specify) Not to Exceed \$\_\_\_\_\_ (per semester) \_\_\_\_\_

**All costs are subject to change without notice.**

\*Only required books, modules and supplies will be given to the student, unless indicated above or paid for by the student.

**III. Send Bill to:**

_____	_____
Agency/Company Name	Authorized Name
_____	_____
P. O. Box / Street Address	Authorized Signature
_____	_____
City                                                  State                                                  Zip	Telephone Number/ <b>email address</b>

**RETURN COMPLETED/SIGNED FORM TO:**

Brandy Ott  
Western Technical College  
Welcome Center  
400 North 7th Street  
**ottb@westerntc.edu**  
Questions, please call: 608-789-6187