



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

Please select campus location:

- |  |  |  |   |                                 |
|--|--|--|---|---------------------------------|
| <input type="checkbox"/> Ashland Campus<br>2100 Beaser Avenue<br>Ashland, WI 54806<br>715.682.4591 | <input type="checkbox"/> New Richmond Campus<br>1019 S Knowles Ave<br>New Richmond, WI 54017<br>715.246.6561 | <input type="checkbox"/> Rice Lake Campus<br>1900 College Drive<br>Rice Lake, WI 54868<br>715.234.7082 | <input type="checkbox"/> Superior Campus<br>600 N 21st St<br>Superior, WI 54880<br>715.394.6677 | <input type="checkbox"/> Online |
|--|--|--|---|---------------------------------|

**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

Books

Misc Fees

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

(example: Spring 2020 semester)

\*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