

Please mail completed form to:  
Southern Wesleyan University  
P.O. Box 1020, SWU Box 1866  
Central, SC 29630



### DIRECT BILL FORM

Please use this form in conjunction with your company's form if necessary, when authorizing direct bill for an employee.

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

Parent Company Billing Name: \_\_\_\_\_

Please send bill to (address): \_\_\_\_\_

Company Official's Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_

Printed name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that company named above will pay as follows:

**Check here**  **Option One** (Course by course)

\_\_\_\_\_ **Tuition %**

\_\_\_\_\_ **Maximum Benefit per year**  
(if applicable)

Fees (Check all that apply)

Application Fee

Tuition Deposit\*

CLEP

**Check here**  **Option Two** (Multiple course)

\_\_\_\_\_ **Tuition %**

\_\_\_\_\_ **Maximum Benefit per year**  
(if applicable)

Fees (Check all that apply)

Application Fee

Tuition Deposit\*

CLEP

We agree to pay the above percentages when invoiced without regard to grade. The student we will cover is:

Student's Name \_\_\_\_\_ Student ID#: \_\_\_\_\_

\*Tuition deposit is paid by each AGS student entering a new program.