

Western Nebraska Community College AGREEMENT TO PROVIDE PAYMENT

Employer _____ TIN: (1) _____

For the following semester(s): Fall ____ Spring ____ Summer ____ Year(s) _____

Printed Name	Soc. Sec. #	Class	Credit Hr.	Tuition	Fees	Books
Example: J. D. Jones	000-00-000	MS Excel	3	X	X	X

Guarantor agrees:
 (1) To faithfully pay all amounts owed within thirty (30) days of invoice; payable to WNCC, Business office, 1601 East 27th Street, Scottsbluff, NE, 69361.
 (2) To comply with policies, charges, and refund schedules as published in the current College catalog.

Approved by _____ Printed Name _____
 Signature _____

Title _____ SS# (2) _____

Billing Address _____

Phone Number _____ Fax Number _____

(1) When a company agrees to pay for student tuition, a tax identification number must be provided.
 (2) When an individual agrees to pay for student tuition, a social security number must be provided.