



# THE UNIVERSITY OF WINNIPEG

## AUTHORIZATION TO INVOICE FORM

Student Name:  
(as on birth certificate) \_\_\_\_\_  
Last Name First Name

Date of Birth:  
(as on birth certificate) \_\_\_\_\_

Student Number:  
(required) \_\_\_\_\_

University	<input type="text"/>	Collegiate	<input type="text"/>	Concurrent	<input type="text"/>
Fall	<input type="text"/>	Winter	<input type="text"/>	Spring/Summer	<input type="text"/>

Does sponsorship cover the UWSA Health Plan fees? Yes ☐ No ☐  
(Please note: It is the student's responsibility to opt out of the UWSA Health Plan if he or she has alternate health insurance. To do so, he or she can visit [theuwsa.ca](http://theuwsa.ca) or contact the UWSA Health Plan office at 204-786-9992)

Tuition Fee Limit if applicable: \$ \_\_\_\_\_

Sponsorship Organization: \_\_\_\_\_

Contact Person's Name & Title: \_\_\_\_\_  
\_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

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Send one completed form to The University of Winnipeg, Student Financial Services

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Attention:

Student Financial Services  
The University of Winnipeg  
515 Portage Ave.  
Winnipeg, MB, R3B 2E9  
Ph: 204.786.9884  
Fax: 204.783.4996  
[e.proctor@uwinnipeg.ca](mailto:e.proctor@uwinnipeg.ca)

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