



## Florida Prepaid Billing Change / Cancellation Request

Name: <input style="width: 90%;" type="text"/>	Emplid: <input style="width: 90%;" type="text"/>
Address: <input style="width: 90%;" type="text"/>	Phone: <input style="width: 90%;" type="text"/>
<input style="width: 90%;" type="text"/>	Email: <input style="width: 90%;" type="text"/>

**Change Requested:**

Billing Semester / Year: \_\_\_\_\_

Cancel Prepaid Billing      OR       Only Bill Prepaid For: \_\_\_\_\_ Credit Hours

**By signing this notice to cancel or change my Florida Prepaid College billing for one semester I understand that:**

1. I am financially responsible for all tuition and fees.
2. This form must be submitted no later than the fifth day of each semester.
3. Accounts not paid by the posted tuition payment deadline will be assessed a \$100 late payment fee. Accounts not paid in full by the tuition payment deadline or in the case of a partial billing, if the Agency has not paid by the end of the semester, this may hold up my progress academically, including not being able to register for classes for the next semester or future semesters, receive grades or transcripts or diplomas, or obtain access to FSU services, including health and recreation services, and other services provided for paying students.
4. Florida Prepaid College Program billings for on campus housing are to be cancelled through the University Housing Office.
5. If this is for a partial billing, I am responsible for notifying FSU's Agency Billing Office regarding any changes in credit hours for the semester.
6. If I am a financial aid student and I have not completed these requirements by the fifth day of class my tuition may be deducted from my financial funds. I will not receive a refund until tuition and fees are paid in full to the University.
7. If I have questions, I will direct inquiries by FAX, Email, U.S. mail or in person to the attention of the Agency Billing Section - Fax: (850) 644-5142 or Email: [sfs@admin.fsu.edu](mailto:sfs@admin.fsu.edu)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Office Use Only Below This Line:**

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Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Billing Updated / Removed by: \_\_\_\_\_  
Date: \_\_\_\_\_