

**University of Miami**  
**Florida Prepaid College Program Authorization Form**

[www.miami.edu/osas/flpp](http://www.miami.edu/osas/flpp)

We encourage **all** students who participate in the Florida Prepaid College Program (Florida Prepaid) to authorize a payment option that will facilitate the financial planning and billing/payments process during their enrollment at the University of Miami.

Florida Prepaid now requires students starting college for the first time and who plan to attend a private Florida college to complete this form, selecting one (or more) of the below payment options. Payment could be delayed if this form has not been received by the University of Miami. Continuing Students who have already transferred the plan to a private Florida college may choose to participate in the new options

Please notify the Florida Prepaid Program to authorize the University of Miami as a billing institution and also complete the University of Miami authorization below as noted in the brochure. These instructions will be effective until your plan is depleted. You may return this form to the University as follows:

**FACSIMILE:**  
(305) 284-3895  
(To the attention of: Florida Prepaid Processing)

**MAIL:** University of Miami  
Attn: Florida Prepaid Program  
P.O. Box 249146  
Coral Gables, FL 33124

**EMAIL:** [saccounts@miami.edu](mailto:saccounts@miami.edu)  
If you have any questions, please e-mail us with Florida Prepaid in the subject line or call us at (305) 284-6430.

**TUITION AUTHORIZATION**

Please note that the number of credit hours you choose to authorize for payment under these option do not have to match the number of credit hours the student is actually enrolled in at the University of Miami.

<b>A.</b>	<p><b>Restricted Payment Option</b> – Payment of the same rate, per credit hour, as a public university in Florida not to exceed the value of 15 credit hours per semester. If invoiced by dollar amount, the Florida Prepaid College Program will pay a dollar amount up to the current cost of 15 credit hours at a public university in Florida. The student is responsible for any outstanding balance.</p> <p>1. <input type="checkbox"/> <b>Default amount</b> - I authorize the University of Miami to bill the Florida Prepaid College Program <b>15 credit hours</b> per semester.</p> <p>2. <input type="checkbox"/> <b>Per credit hour amount</b> I authorize the University of Miami to bill the Florida Prepaid College Program, for _____ (number of credit hours in this blank <b>MUST</b> be at or below 15 credit hours) number of credit hours from the Tuition Plan.</p>
<b>B.</b>	<p><b>Unrestricted Payment Options</b> – Payment of Dollar Amounts or per credit rate Invoiced. If invoiced by dollar amount, the Florida Prepaid College Program will pay the total dollar amount invoiced up to the remaining value of the plan.</p> <p>1. <input type="checkbox"/> <b>Default amount</b> - I authorize the University of Miami to bill the Florida Prepaid College Program <b>15 credit hours</b> per semester</p> <p>2. <input type="checkbox"/> <b>Lump-sum payment</b> – I authorize the University of Miami to bill the Florida Prepaid College Program the entire amount left in my FLPP account from the Tuition Plan.</p> <p>3. <input type="checkbox"/> <b>Semester-by-semester fixed dollar amount or per credit hour amount</b>– I authorize the University of Miami to bill the Florida Prepaid College Program the fixed amount of _____ each semester from the Tuition Plan.</p>

**Dormitory/Housing Authorization**

Please select this option if you are a participant of the housing option with the Florida Prepaid College Program:

- Dormitory payment** – I authorize the University of Miami to bill the Florida Prepaid College program for one (1) semester from the Dormitory Plan, at the same rate as the average dormitory rate at Florida’s public colleges. I authorize the University of Miami to bill per semester and to adjust the difference for any cost changes in a subsequent billing.

Furthermore, I authorize the University of Miami to bill the Florida Prepaid College Program for the balance of my funds left in the program in the following two situations: (a) if this balance is less than the fixed amount authorized in option 2, (b) if this balance is less than the equivalent of the specified amount in number of credits in option 2. I will notify both the Florida Prepaid College Program and the University of Miami of any changes to the above in writing.

\_\_\_\_\_  
**Signature of Purchaser of Prepaid Contract**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Student Name and ID Number**