

Tuition Payment Authorization Letter

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], am the parent/guardian of [Dependent Student's Full Name], who is currently enrolled at [College/University Name]. I am writing to authorize the payment of tuition and related fees on behalf of my dependent.

The details of the tuition payment are as follows:

- Student's ID Number: [Insert Student ID]
- Semester/Term: [Insert Semester/Term]
- Total Amount: [Insert Total Amount]

I authorize [College/University Name] to charge my payment method as follows:

- Payment Method: [Credit Card/Bank Transfer/etc.]
- Credit Card Number/Bank Account Information: [Insert Information]

Should you require any further information or verification, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Full Name]

[Your Address]

[City, State, Zip Code]

[Your Signature (if sending a hard copy)]