

**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 of four 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. Federal Regulations require that funds from this program be considered a resource for a student's educational costs and become a part of any need-based financial aid award that is offered.

Please notify/authorize the Florida Prepaid Program 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

If you have any questions, please e-mail us at: [saccounts@miami.edu](mailto:saccounts@miami.edu) with Florida Prepaid in the subject line or call us at (305) 284-6430 Option 5.

**TUITION AUTHORIZATION**

**A.  Unrestricted Payment Options** – Payment of Dollar Amounts 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. The student is responsible for any outstanding balance.

1.  **Lump-sum payment** – I authorize the University of Miami to bill the Florida Prepaid College Program the entire amount left in my account from the Tuition Plan.

2.  **Semester-by-semester fixed amount** – I authorize the University of Miami to bill the Florida Prepaid College Program the fixed amount of \$\_\_\_\_\_ each semester from the Tuition Plan. (Please fill in the fixed amount per semester you will authorize us to bill.)

**B.  Restricted Payment Option** – 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.

If you have chosen this option, please complete the following statement: I authorize the University of Miami to bill the Florida Prepaid College

Program, for \_\_\_\_\_ (number of credit hours in this blank **MUST** be at or below 15 credit hours) number of credit hours from the Tuition Plan.

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

**Dormitory/Housing Authorization**

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

- 1.  **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.
- 2.  **Local Fee Payment** - I authorize the University of Miami to bill the Florida Prepaid College Program for one (1) semester from the Local Fee Plan, at the same rate as the average Local Fee 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 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**