



TEXAS TECH UNIVERSITY™

STUDENT BUSINESS SERVICES
ELECT TO PAY FORM

Student's Name: _____
Last First MI

Banner Id Number: _____

Semester: _____

I understand that I have the option to elect to pay for the Medical Services fee and/or Recreation Center fee . If I am enrolled in at least 4 credit hours, I have the option to elect to pay the Athletic fee. I further understand if I am an off campus student I must elect to pay the Student Id fee for this to take effect. I do hereby exercise this option. I understand that this decision is irrevocable (non-refundable). I also understand that these amounts are based upon semester credit hours for which I am enrolled at the time of submitting this request.

Fees must be paid at the time of submitting form. No faxes accepted.

I elect to pay additional charges (amounts) for the fees indicated below.

- () Recreation Center Fee (T724))
- () Medical Services Fee (T725)
- () Athletic Fee (Must be enrolled in 4 or more credit hours (T727)

This form is only valid for the semester indicated and is not valid for other semesters. Student Business Services will verify enrollment in the semester indicated. By signing below I understand that this fee(s) is non-refundable.

Student's Signature Date

Student Business Services Use Only

_____/_____/_____
Date Processed