

**Change/Add/Remove
Designated Payor**

Date: _____

License Agreement Period: _____

First Name: _____ Last Name: _____

Fresno State ID#: _____ Hall/Room: _____

Phone Number: _____

I would like to:

Change my Designated Payor

Remove my Designated Payor

Add my Designated Payor

Designated Payor Name: _____

Designated Payor Phone: _____

Designated Payor Address: _____

Designated Payor Social Security Number: _____

Student Signature

Date

Designated Payor Signature

Date