



**UNIVERSITY OF
CALGARY**

Collection Agency Authorization Form

**Accounts
Receivable**

2500 University Drive NW
Calgary, AB
T2N 1N4
finance@ucalgary.ca

SECTION 1 Requestor Info

Date of Request:	Requested By:
Phone Number:	E-mail Address:

SECTION 2 Department Info

Department Name:	Faculty:
Budget Owner Name:	Budget Owner E-mail Address:
Budget Owner Phone Number:	Budget Owner Signature:

SECTION 3 Authorization to Assign Debt(s) to External Agency

I certify that my department has conducted collections processes in adherence with section 3.9 of the University's External Billing Procedures.

I would like to assign the invoice(s) listed above to the agency and I verify that the charge remains due.

*****By selecting YES you are certifying that the charge(s) is true and accurate to the best of your knowledge.*****

SECTION 4 Customer Information

Customer Name:	Customer Account Number:	
Work Phone Number:	Alternate (Home) Phone Number:	
Street Address:		
City:	Province:	Postal Code:

SECTION 5 Items for Collection

Invoice Number	Invoice Date	Balance Due	Supporting Documentation

SECTION 6 Special Notes, Instructions or Additional Information

SECTION 7 For Library Collections Only

Yes, we will accept overdue library books in lieu of payment.

No, we will not accept returned library books as payment. Books will/have been reordered.

SECTION 8 Expense Account for Commission Charges (Charges only apply when invoices are successfully collected)

Business Unit	Fund	Dept ID	Account	Internal	Project	Activity
			6 0 2 8 5			
			6 0 2 8 5			

Accounts Receivable Office Use Only

Date Request Received:	Request Approved By:
Approval Date:	