

**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