

**Billing Discrepancy**

This form is used to dispute a late payment fee, installment plan fee or a replacement ID card fee only. Any balance owed to the University remains the student's responsibility while this form is being processed and should be paid by the bill due date to avoid subsequent late fees.

\_\_\_\_\_  
Last Name                                      First Name                                      M.I.                                      Student Number

\_\_\_\_\_  
Address                                      City                                      State                                      ZIP

\_\_\_\_\_  
Phone Number                                      Email Address

Type of Fee:     Late Fee                       Installment Fee                       ID Replacement Fee

Please briefly describe the nature of the discrepancy and attach any relevant documentation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student Signature                                      Date

Please allow up to 3 weeks for processing. If you have questions in the meantime, please contact us at ebill@emich.edu or 734.487.3335.

# Office Use Only

Comments:

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Fees/Past Due Charges Paid? \_\_\_\_\_

Recommendation:  Approved  Denied

\_\_\_\_\_  
Reviewed By

\_\_\_\_\_  
Manager Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Decision Processed By

\_\_\_\_\_  
Date