



Payment Authorization for Service

This form must be completed and signed before honorarium checks can be issued.

Date: _____

Cooperating Teacher Name _____

Address _____

City, State, Zip _____

If Foreign National, Country _____

Social Security Number _____ - _____ - _____

Your entire SSN is necessary for tax purposes. This information will be kept confidential.

Signature _____

**Return to:
Education Department
North Central University
910 Elliot Ave
Minneapolis, MN 55404**