



Tuition Payment Plan Agreement – Phlebotomy Program

A tuition payment plan allows students to defer “payment in full” of the tuition for a non-refundable fee of \$50.00. This fee, along with the first payment of \$325.00 and a non-refundable registration fee of \$100.00 must be paid at the time of enrollment. Once the payment of \$475.00 is made and the agreement is signed, minimum payments of \$125.00 are due no later than Friday of each subsequent week. **A debit or credit card must be on-file and used for auto-payment.** Students failing to make timely payments will be assessed \$25.00 for each late payment. Unpaid amounts will be referred to collection. Note: This signed agreement fully obliges the student to fulfill the payment obligations.

Student Name: _____ SS# _____ Attach copy of Photo ID

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (home): _____ (mobile) _____ Email _____

Payment Schedule

Initial Payment \$475.00
(Includes: \$50.00 payment plan fee, \$100 non-refundable deposit and \$325.00 first payment)

Seven (7) Weekly minimum payment of \$125.00 = \$875.00
(payments are to be made no later than Friday of each week following acceptance of this agreement)

Total Payment \$1350.00

I promise to make full payments in accordance with the above payment schedule. I understand that if I fail to make payment in a timely manner in accordance with the above guidelines, I may be suspended from the program but still responsible for the entire amount and will not receive a certificate of completion for the course. If I fail to make timely payments, I will be assessed \$25.00 for each late payment. A certificate of completion will not be issued and the student will not be permitted to sit for the NHA exam until the program cost is paid in full. Should I default on this note, I acknowledge the right of the school to bring this note to a collection agency. I acknowledge receipt of a signed copy of this agreement.

Student Signature Date

School Official Date



Credit Or Debit Card Information: *Attach Photocopy of Card – Front/Back*

Card Holders Name As It Appears On Card: _____

Card Type: (Circle) VISA MASTERCARD DISCOVER AMEX

Card Number: _____ Exp. Date _____

Security Code Number: _____

Address Linked to Credit or Debit Card:

Street: _____

Town/City: _____ Zip Code: _____

I authorize American Professional Educational Services to process weekly charges to my credit or debit card as specified in the details of this tuition payment plan agreement.

Card Holder Signature

Date