

2017-2018 Payment Plan Agreement/Credit Card Authorization

Please select one:

XAuthorization Signature Print Name	 Date
I certify that I am an authorized user of this credit card and will not dispute these sol transactions with my credit card company, so long as the transactions correspond to indicated in this Agreement.	
4. Approval of any payment agreement is at the sole discretion of The Alternative Di Resolution Academy. Any outstanding balance due to The Alternative Dispute Reso Academy must be paid in full prior to being granted a payment agreement.	-
3. It is the card holder's responsibility to notify The Alternative Dispute Resolution Adany changes to the credit card account such as expiration date, account number, etc.	•
2. This agreement will remain in effect until tuition is paid in full according to the schepayments above. The Colburn School has the right to terminate automatic payment any time with written notice. If you wish to cancel this agreement, please contact the writing at admin@adraceu.com within 5 business days of the proposed termination of	service at Registrar in
Additional terms of Agreement: 1. If the credit card is declined when charged automatically or if payments are not m 5th of the month, a late fee of \$25 will be assessed. Additional late fees will be assessed 15th of each month if payment remains delinquent.	-
(INITIALS) I am requesting a payment plan where I will be responsible to payments in-person, over the phone, by email/fax, or via an online payment through student's monthly billing statement, each month until paid in full. Start Date: 5th of Monthly Payment Amount: \$	the
(INITIALS) I hereby authorize The Alternative Dispute Resolution Acader automatically charge the credit card listed below on a monthly basis, plus a one-time I agree to submit the first payment along with this Agreement. Subsequent payment automatically charged to my credit card account on the 5th of each month in the amindicated below.	e set-up fee. ts will be
(INITIALS) I agree to pay the full tuition amount of \$ in one payment. proceed to signature section)	(If selected,



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In order to protect your information, the Credit Card number below will be destroyed after the first charge and initial set up.						
CC TYPE:	* VISA	* MASTERCARD	*AMERICAN EXPRESS	*DISCOVER		
Cardholder: Name:						
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