

2017-2018 Payment Plan Agreement/Credit Card Authorization

Please select one:

____ (INITIALS) I agree to pay the full tuition amount of \$_____ in one payment. (If selected, proceed to signature section)

_____ (INITIALS) I hereby authorize The Alternative Dispute Resolution Academy to automatically charge the credit card listed below on a monthly basis, plus a one-time set-up fee. I agree to submit the first payment along with this Agreement. Subsequent payments will be automatically charged to my credit card account on the 5th of each month in the amount indicated below.

_____ (INITIALS) I am requesting a payment plan where I will be responsible to make my payments in-person, over the phone, by email/fax, or via an online payment through the student's monthly billing statement, each month until paid in full. Start Date: 5th of _____ End Date: 5th of _____ Monthly Payment Amount: \$_____

Additional terms of Agreement:

1. If the credit card is declined when charged automatically or if payments are not made by the 5th of the month, a late fee of \$25 will be assessed. Additional late fees will be assessed on the 15th of each month if payment remains delinquent.

2. This agreement will remain in effect until tuition is paid in full according to the schedule of payments above. The Colburn School has the right to terminate automatic payment service at any time with written notice. If you wish to cancel this agreement, please contact the Registrar in writing at admin@adraceu.com within 5 business days of the proposed termination date.

3. It is the card holder's responsibility to notify The Alternative Dispute Resolution Academy of any changes to the credit card account such as expiration date, account number, etc.

4. Approval of any payment agreement is at the sole discretion of The Alternative Dispute Resolution Academy. Any outstanding balance due to The Alternative Dispute Resolution Academy must be paid in full prior to being granted a payment agreement.

I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my credit card company, so long as the transactions correspond to the terms indicated in this Agreement.



2017-2018 Payment Plan Agreement/Credit Card Authorization

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:	
Credit Card No:	Exp. Date:
Billing Address:	