



# TUITION PAYMENT PLAN AGREEMENT FORM

Purpose of this form: Use this form if you are not able to pay your full tuition balance at the beginning of the semester. You must meet all due dates.

Student's Name: \_\_\_\_\_

Program of Study: \_\_\_\_\_ Class Start and End Dates: \_\_\_\_\_

Student's Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Terms and Conditions

1. I agree to pay my tuition balance under the terms of the payment plan that I selected. I request this benefit from Ohio Phlebotomy Training Center.
2. I agree that the plan can't be changed or canceled after it gets approved.
4. I agree to pay all my installments on time understanding that this means on or before the due date established.
5. If I pay by check and it is returned for insufficient funds, then I will pay the penalty and late fee plus a \$40 returned check fee.
6. Tuition payments received are first applied against the oldest outstanding amounts.

## Late Payment Policy

7. Penalty and Late fee. If I fail to pay the full due amount on or before the due date, I agree to pay a late fee of \$15 on each installment payment that is delinquent. I understand that this late fee of \$15 will be accumulating daily until the day I pay the total dues. This penalty and late fee will be added to my account starting from the day following the due date. Late fee will only apply to the tuition, and weekends and holidays are counted towards the late days.
8. Notice: After 2 days of account delinquency I will be informed in writing by the Director of penalty and late fee realization. I understand that failure to pay my dues could affect my student status.
9. Readmission withholding. If I have any outstanding tuition balance, then I will not be able to enroll for future classes until I fulfill my obligation and I may risk my student status.

I agree and have read and understood all the above terms and conditions.

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

School Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The option, not to choose a payment plan and make a 1-time full payment, **after the first week** of classes is not available. The final payment is due on the last day of class. No checks will be accepted on the last day of class. You can choose one of the three plans listed below to pay for your enrollment in the Phlebotomy Program. Failure to satisfy all financial obligations with OPTC will result in withholding your Certificate. \*There is a \$15 daily late fee up to 2 Days. If payment is not made after the 7th day, you will be discharged from the course. **The first payment is due on the first Friday before the class start date.** A refund will be issued according to the refund policy. See the refund policy in the school catalog.

Please specify which option you choose below:

Option 1 \_\_\_\_\_

Week 1..... 173.00  
 Week 2..... 173.00  
 Week 3..... 173.00  
 Week 4..... 173.00  
 Week 5..... 173.00  
 Week 6..... 173.00  
 Week 7..... 173.00

Option 2 \_\_\_\_\_

Week 1..... 302.75  
 Week 2  
 Week 3. .... 302.75  
 ...  
 Week 4  
 Week 5..... 302.75  
 Week 6  
 Week 7..... 302.75

Option 3 \_\_\_\_\_

Week 1 ..... 150.00  
 Week 2 ..... 200.00  
 Week 3 ..... 150.00  
 Week 4 ..... 200.00  
 Week 5 ..... 150.00  
 Week 6 ..... 211.00  
 Week 7 ..... 150.00

Student/ Cosigner Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## CREDIT CARD AUTHORIZATION FORM

This form serves as authorization for Ohio Phlebotomy Training Center to charge the card below for the following items according to the payment plan selected:

- Tuition Payments
- All late fees or penalties
- Damaged/missing/unreturned textbooks

Please check the box if you agree:

I would like OPTC to automatically withdraw **ALL** tuition payments from this card in accordance with the payment plan I've selected.

Card Type:

American Express     Visa     Mastercard     Discover

Other \_\_\_\_\_

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_    CVC Code: \_\_\_\_\_ (last three digits on back of card)

Cardholder's Name (as it appears on the card):

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Cardholder's Signature: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Notes:

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\*You may see a \$1 charge on your card, that will be refunded, so that we can make sure we have a valid card on file for you.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cosigner's Signature (If Applicable)

\_\_\_\_\_  
Date