



TUITION PAYMENT PLAN AGREEMENT FORM

Student Name: _____

Program of Study: _____ Class Start and End Dates: _____

Student Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Email: _____

****Only use this form if you are NOT paying the tuition cost of \$4,500 in full****

Terms and Conditions:

1. If remaining tuition balance is not paid in full during orientation, you **MUST** choose a payment plan arrangement. The option to choose to not use a payment plan, and make a 1-time full tuition payment is not available after the first week of classes.
2. Remaining tuition balance must be paid under the terms of the payment plan selected and request from Ohio Phlebotomy Training Center.
3. Payment plans cannot be changed or canceled after approval.
4. All installments must be paid on or before the due date established.
5. Returned checks will result in a penalty fee of \$40. If not resolved by the end of the due date of tuition payment, late fees will be added accordingly. All fees added to payments must be paid in full.
6. Tuition payments received are first applied against the oldest outstanding amounts.

Late Payment Policy:

1. Failure to pay the full amount owed on or before the due date will result in a \$15 late fee.
2. Late fees will be applied **per day** starting the day after the due date and will accumulate until payment is made.
3. Weekends and holidays are not excluded.
4. After 7 days of payment delinquency student will be notified in writing of the late fee realization. Delinquency of 7 days will result in discharge from the program
5. If an outstanding tuition balance exists, re-enrollment into any future OPTC classes will not be permitted until balance is paid.

By signing this form, you acknowledge that you:

1. Have read and fully understood the terms and conditions outlined above.
2. Are entering into a lawful agreement and obligating yourself to satisfy all terms and conditions, and installments of the financial agreement.

Student Signature: _____

Date: _____

School Representative Signature: _____ Date: _____



Tuition Payment Plan Options

Student Name: _____ Date: _____

Date of First Installment: _____ Date of Final Installment: _____

Option Chosen: _____

Option 1 – 18 weeks

Week 1 \$250.00
Week 2 \$250.00
Week 3 \$250.00
Week 4 \$250.00
Week 5 \$250.00
Week 6 \$250.00
Week 7 \$250.00
Week 8 \$250.00
Week 9 \$250.00
Week10 \$250.00
Week11 \$250.00
Week12 \$250.00
Week13 \$250.00
Week14 \$250.00
Week15 \$250.00
Week16 \$250.00
Week17 \$250.00
Week18 \$250.00

= \$4,500.00

Option 2 – 18 weeks

Week 1
Week 2 \$500.00
Week 3
Week 4 \$500.00
Week 5
Week 6 \$500.00
Week 7
Week 8 \$500.00
Week 9
Week10 \$500.00
Week11
Week12 \$500.00
Week13
Week14 \$500.00
Week15
Week16 \$500.00
Week17
Week18 \$500.00

= \$4,500.00

Option 3 - 36 weeks

Week 1		(Payments start back up again 4 months after graduating)
Week 2	\$250.00	
Week 3		
Week 4	\$250.00	Week 1
Week 5		Week 2
Week 6	\$250.00	Week 3
Week 7		Week 4
Week 8	\$250.00	Week 5
Week 9		Week 6
Week10	\$250.00	Week 7
Week11		
Week12	\$250.00	
Week13		= \$4,500.00
Week14	\$250.00	
Week15		
Week16	\$250.00	
Week17		
Week18	\$250.00	Certificate granted
Week 19		
Week 20	\$250.00	
Week 21		
Week 22	\$250.00	
Week 23		
Week 24	\$250.00	
Week 25		
Week 26	\$250.00	
Week 27		
Week 28	\$250.00	--- NHA MA exam
Week 29		4 months forbearance to find employment

Option 4 *Phlebotomist to MA Program Only*

Week1..... \$389.00

Week2.....

Week3.....\$389.00

Week4.....

Week5..... \$389.00

Week6.....

Week7..... \$389.00

Week8.....

Week9..... \$389.00

Week10.....

Week11..... \$389.00

Week12.....

Week13.....\$389.00

Week14.....

Week15..... \$389.00

Week16.....

Week17..... \$388.00

Week 18.....

= \$3,500.00



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 specify your preference for OPTC's use of the card provided below:

1. _____ I would like OPTC to automatically withdraw **ALL** tuition payments from this card in accordance with the payment plan I've selected.
2. _____ I would like OPTC to withdraw payment from this card **ONLY** if payment is failed to be made on my behalf.

American Express

Visa

Master Card

Discover

Other: _____

Card Number: _____ - _____ - _____ - _____

Expiration Date: ____/____

CVC Code: _____ (last three digits on back of card)

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

Cardholder's Signature: _____

Zip Code: _____

Notes:

Student Signature

Date

Cosigner's Signature (If Applicable)

Date