



Phlebotomy Training Program Payment Plan Options

	A	B	C
Registration Fee	\$100	\$100	\$102
Week 1	\$350	\$100	\$216
Week 2	\$60	\$110	\$0
Week 3	\$60	\$110	\$216
Week 4	\$60	\$110	\$0
Week 5	\$60	\$110	\$216
Week 6	\$60	\$110	\$0
Check One	_____	_____	_____

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. Payment is due by the end of the week (Thursday). 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 until the program cost is paid in full. If I am terminated or withdraw from the program, I am still responsible for the full amount of the tuition. 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: _____