

PAYMENT PLAN APPLICATION FORM AND AGREEMENT

General Information

Student Name: _____ Student ID: _____

Parent/Guardian Name: _____

Address: _____

Place of Work: _____

Email Address: _____ TRN: _____

Telephone Number: Mobile: _____ Home: _____ Work: _____

Services covered by Payment Plan

<u>Service</u>	<u>Subject</u>	<u>Cost</u>

Payment Plan Details

Order Number: _____

Number of instalments: [] 2 Instalments [] 3 Instalments [] 4 instalments [] 6 instalments

Total Balance Due: \$ _____ First instalment: \$ _____

Balance remaining on Payment Plan: \$ _____

Monthly Instalment amount: \$ _____

I understand that the instalments become due and payable on the _____ day of each month

I the undersigned agree to pay monthly instalments to One on One Educational Services Limited. I understand that failure to make the monthly payments will result in deregistration from the registered program. I also consent to be contacted at the email address and telephone number provided above for notification of upcoming payment dates as well as reminders should there be a late payment.

Name

Signature

Date