

Option 2: \$3600.00*

2240 Cross Timbers Road, Suite 200 Flower Mound, TX 75028 voice: 972-355-8500 fax: 972-691-9549 www.DFWDentalAssistingSchool.com

Recurring Weekly Payment Authorization Form

Tuition for DFW Dental Assisting School Flower Mound may be paid using one of three payment options. Please choose your option below:

Option 1: \$3500.00 (Paid in full)

□ Option 3: \$3700.00*

Deposit \$1200.00 due prior to class beginning 12 consecutive weekly auto-drafted payments of \$200 *Payment Plan fee of \$50 due at time of deposit			\$200 12 coi	Deposit \$700.00 due prior to class beginning 12 consecutive weekly auto-drafted payments of \$250 *Payment Plan fee of \$100 due at time of deposit		
Plea	ase complete the i	nformation below:			-	
I,	(Full Name)	, authorize DFW Dental Assisting School to charge my credit/debit card				
indic	cated below for	on Monday of each week for payment of the remaining tuition balance for				
	(Student's Name)	·				
Billing Address			Phone#			
City	, State, Zip		Email			
		Debi	it or Credit Card			
	□ Visa	MasterCard	☐ Amex	Discover		
	Cardholder Name					
	Card Number					
	Exp. Date		Security Code of	ecurity Code on back of card		
	Billing Zip					
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I understand that this authorization will remain in effect until payments are completed and full tuition payment is reached. I agree to notify DFW Dental Assisting School in writing of any changes in my account information or termination of this authorization with another method of payment at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I certify that I am an authorized user of this debit or credit card and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form. The Payment Plan fee will be charged at the time of the Deposit payment.