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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 2: \$3600.00*

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

Option 3: \$3700.00*

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

Please complete the information below:

I, _____, authorize DFW Dental Assisting School to charge my credit/debit card
(Full Name)

indicated 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 _____

Debit or Credit Card

Visa

MasterCard

Amex

Discover

Cardholder Name _____

Account Number _____

Exp. Date _____

Billing Zip _____

SIGNATURE _____

DATE _____

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.