



INSTALLMENT PAYMENT PLAN AGREEMENT

STUDENT INFORMATION <i>(Please Print Clearly)</i>		
Child Full Name:		
Parent/Guardian Name(s):		
Address: Number/Street /City/Province/ Postal Code		
E-mail:		Home Phone:
Daytime Contact Number		Cell Phone:

Installment payment plan through which Fairouz Arabic Language Academy LTD. program registrants may **make consecutive monthly payments at the time of registration.**

Payments are automatically charged to your credit card.

Payments not honoured by the participant's financial institution will result in a service charge of \$25.00 for every defaulted payment. Two consecutive missed payments will result in removal of participation in the payment plan option and total fees will become due.

(initial)

It is the responsibility of the participant to notify Fairouz Arabic Language Academy LTD. of any changes to credit card information at least two weeks in advance of the next scheduled payment.

(initial)

I (we), _____, have read and understood the terms and conditions of the Installment Payment Plan Agreement and authorize my/our financial institution to debit my/our account for the installment payment payable to Fairouz Arabic Language Academy LTD. Payments will be debited within the first four business days of each month beginning _____ and ending _____ as payment for Fairouz Academy program fee.

Signature _____

Signature _____

Date: _____

Monthly Payment Amount: \$ _____

Account Type: Visa Mastercard Debit

Card #: _____

Card Holder Name: _____

Expiry Date: _____