

Financial Agreement

Full tuition:

_____ 1.) I understand that the tuition payment for the degree program includes full tuition, enrollment fee, book fees for the first two courses of my program and shipping. All other courses will be paid for as I order them.

Monthly payments:

_____ 2.) I understand that my tuition down payment will include my first month's payment, \$25.00 enrollment fee, payment for the first two courses and shipping of my program. All other courses will be paid for as I order them. My monthly payment will be the balance of my account divided into _____ (max. 24) equal, consecutive, monthly installments. I understand that if I am unable to pay my tuition for two consecutive months, I will be considered withdrawn from the ITS program with all previous tuition and fees forfeited. I also understand that my payments must be made on an automatic withdraw basis on either the first or twenty-first of each month. I have included the "automatic tuition withdraw" form, including my choice of date for payment along with this application.

Signature: _____ Date: _____

Automatic Tuition Payments

A student who wishes to pay ITS tuition in payments, must choose one of the following options listed below. To terminate tuition payments, the student must contact the ITS Admissions office in writing. Tuition will be collected until ITS has received a written, signed termination no less than fourteen days in advance of the next payment. A late fee of \$20.00 will be assessed for any check that is returned to ITS for insufficient funds or for payments made ten days past due.

Choice of Payment: Full ____ Monthly ____ Credit card ____ Check ____

Down payment for ITS programs includes:

First month's tuition payment, the enrollment fee (\$25.00) and book/shipping fees for the first two courses.

For Checking Account Withdraw:

U.S. Checks

The diagram shows a U.S. check with the following fields and labels:

- PAY TO THE ORDER OF**: A line for the payee's name.
- DATE**: A line for the date, with "1001" written in the box.
- \$**: A line for the amount in dollars.
- DOLLARS**: A line for the amount in words, with a small icon of a dollar bill.
- YOUR FINANCIAL INSTITUTION**: A line for the bank's name.
- BANK ADDRESS**: A line for the bank's address.
- BANK CITY, STATE, ZIP**: A line for the bank's location.
- BANK PHONE**: A line for the bank's phone number.
- FOR**: A line for the purpose of the payment.
- 1234567890**: A line for the bank routing number, with a label "Bank Routing Number" pointing to it.
- 0123456789012**: A line for the bank account number, with a label "Bank Account Number" pointing to it.
- 1001**: A line for the check number.

Signature of primary account holder: _____ Date: _____

Name: _____ Relationship to Student: _____ Phone: _____

Name of Student: _____

Name of Bank: _____

Full address of bank: _____

Bank routing #: _____ Checking Acct. #: _____ Type: _____

Down payment amount: _____ Number of payments (up to 24): _____

Amount per month: _____ I have chosen the 1st ____ or 21st ____ Each payment will be withdrawn on the same day each month. Payments will begin: _____ And end: _____

*Yes, I would like my books charged to this account as I order them: _____

For Credit or Debit Card Withdraw:

International Theological Seminary (ITS) or its authorized administrator is hereby authorized to debit my credit or debit card account until this authorization is terminated in writing. I further authorize the credit company named below to pay and charge to my account those payments that are drawn on my account by ITS, and agree that the credit company named below shall be fully protected in honoring any such payments. The credit company's rights and treatment of each payment shall be the same as if it were signed by me. If any such payment is dishonored, whether with or without cause, I understand that the credit company shall not be liable whatsoever, even though such dishonor will result in the discontinuation of my degree program with no degree issued.

Signature of Cardholder: _____ Date: _____

Name: _____ Relationship to Student: _____ Phone: _____

Name of Student: _____

Billing Address: _____ City: _____ State or country: _____ Zip: _____

Card type: _____ Acct. #: _____ Exp: _____

Down payment amount: _____ Number of payments (up to 24): _____

Amount per month: _____ I have chosen the 1st ____ or 21st ____ Each payment will be withdrawn on the same day each month. Payments will begin: _____ And end: _____

*Yes, I would like my books charged to this account as I order them: _____