



# MCH-EMT Installment Payment Agreement For students with Hardship Circumstances Only

- I would like to participate in the MCH-EMT Installment Plan Program for three months.
- I agree that a non-refundable £250 (Two Hundred and Fifty Pounds) service charge will be added to my account.
- I will pay the service charge and 50% of the balance tuition fees on the day of the enrollment.
- I will pay the balance due and service charges in three installments on 1<sup>st</sup> of each month.
- I will pay a £200 late payment fee for each payment not received by the due date.
- If I do not pay the total amount within three months from the date of enrollment, I may be dropped from the next semester (term).
- I may not receive credit for my classes or a refund for the registration fees I have paid.
- The MCH-EMT will be entitled to withhold any services from me and take any other legal remedy available, including the use of a collection agency.
- My signature below indicates I have read this contract and agreed to all its terms.
- I agree to pay the deferred portion of my fees by the due dates listed below.
- I undertake to pay the fees set out below:

Total tuition fee                                    £ \_\_\_\_\_

Less Paid with application                    £ \_\_\_\_\_                                    Total Due £ \_\_\_\_\_

Less Paid 50% on Enrollment                £ \_\_\_\_\_

Plus Service Charge                                £ \_\_\_\_\_

Balance due by Installments                 £ \_\_\_\_\_

**Payable by three installments**

1. \_\_\_\_\_ on the \_\_\_\_\_ 20
2. \_\_\_\_\_ on the \_\_\_\_\_ 20
3. \_\_\_\_\_ on the \_\_\_\_\_ 20

**\*\*\* THIS CONTRACT IS NOT VALID UNTIL THE 50% IS PAID AND SIGNED CONTRACT \*\*\***

- I will make a copy of this contract to keep for my records and turn in the original, signed contract.

I hereby accept the terms and conditions of this installment plan.

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Student ID and Course

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved by the Accounts Department

\_\_\_\_\_  
Date