



School of Addiction Studies

Student Payment Plan Form

Enrollment Date: _____

Total Cost of the Program: _____

Student Name: _____

Deposit: _____

Student Address: _____

Date of First Payment: _____

City, State, Zip: _____

Payment Due Date: 1st 15th _____

Phone: _____

Monthly Payment Option: _____

Email: _____

Pay in Full 3 months 6 months Other less than 6

Credit Card Authorization

Type of Card: Visa MasterCard AMEX Discover

Credit Card Number: _____

Cardholder's Name: _____

Billing Address for Card: _____

Expiration Date and CVV #: _____

Signature: _____

Auto Debit: This will authorize Sober College to automatically take out the funds from your account on the date you have chosen monthly until all fees have been paid

Will be paying by check monthly

*Please make all checks payable to Sober College and mail to 6018 Variel Avenue, Woodland Hills, CA 91367

Terms of Agreement

Payments must be kept current otherwise class attendance will be affected

Transcripts will not be issued until all fees have been paid in full

A fee of \$35 will be taken for insufficient funds

*Please check off the boxes once you agree to the terms

Student Signature: _____

Staff Signature: _____