Sober College™
School of Addiction Studies

Student Payment Plan Form

Enrollment Date: _____

Student Name: _____

Student Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Total Cost of the Program: _____

Deposit: _____

Date of First Payment: _____

Payment Due Date: □ 1st □15th _____

Monthly Payment Option: _____

□ Pay in Full □6 months □12 months □ Other less than 12

Credit Card Authorization

Type of Card: □ Visa □ MasterCard □ AMEX □ Discover

Credit Card Number: _____

Cardholder's Name: _____

Billing Address for Card: _____

_____

Expiration Date and CSV #: _____

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

Terms of Agreement

□ Payments must be kept current otherwise class attendance may 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

Student Signature: _____

Staff Signature: _____

Please complete form and either scan and email to addictionstudies@sobercollege.com or fax to (818) 337-2995