

## ICPT Tuition Payment Plan

### Instructions

1. Fill the application out completely on ICPT's website or via the form provided herein.
2. Complete the form in its entirety.
3. Incomplete applications will be returned.
4. Tuition payment amounts must be equal.
5. ICPT will not charge any servicing or interest fees.
6. Send the completed application to [administration@clinicalpastoraled.org](mailto:administration@clinicalpastoraled.org).
  - a. ICPT will provide receipt notification via email.
7. Financial information will be entered in our banks secure on-line system and your first payment will be deducted automatically as scheduled.
8. Remaining payments will be deducted automatically on the approved date.
9. You may cancel this payment plan at any time by providing written notice to [administration@clinicalpastoraled.org](mailto:administration@clinicalpastoraled.org).
10. Your confidential information will not be shared with outside agencies.



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E-mail: [info@clinicalpastoraled.org](mailto:info@clinicalpastoraled.org)  
Web: <http://www.clinicalpastoraled.org>

## Tuition Payment Plan Application

I hereby apply for the tuition payment plan for the CPE program at ICPT.

Accepted Credit Cards for Payment Plan: American Express, Discover, Diner's Club, JCB, MasterCard, Visa

Card Number: \_\_\_\_\_ Card Type: \_\_\_\_\_

Expiration Date (mm/yy): \_\_\_\_\_

Payment Amount: \_\_\_\_\_ (per payment)

Payment Interval: \_\_\_\_\_

Select One: Every \_\_\_\_\_ months or Every \_\_\_\_\_ weeks

Start Date (mdyy): \_\_\_\_\_

Card Information (enter the information below exactly as bank has it on file:

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone Number (1234567890): \_\_\_\_\_

I hereby authorize the charge(s) noted above. I agree to the policies of my card issuer and will pay my card issuer as agreed. By my signature below (either electronically or with pen and ink) I agree to the terms. I further acknowledge that failure of the ICPT financial institution to debit these payments will invalidate this agreement and I will be responsible for the remaining tuition balance within 10 days.

\_\_\_\_\_  
Electronic Signature (type your name)

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature