



ARBOR VITAE

SCHOOL OF TRADITIONAL HERBALISM

SUBMIT TO: INFO@ARBORVITAENY.COM

TUITION PAYMENT PLAN AGREEMENT FORM

Purpose of this form: Use this section if you are not able to pay your full tuition balance at the beginning of the semester. You must meet all due dates that are established by the school.

ALL STUDENTS ARE RESPONSIBLE FOR PAYING THEIR ANNUAL TUITION IN FULL; SIGNING UP FOR A PAYMENT PLAN IN NO WAY MAKES PAYING THE FULL ANNUAL TUITION OPTIONAL.

Terms and Conditions of Payment Plan

1. I agree to pay my tuition balance under the terms of my chosen payment plan.
2. I agree and understand that I am legally obligated to pay the full tuition even if I do not attend all classes.
3. I agree to pay all my installments on time, understanding that this means on or before the due date established.
4. I agree that my plan can't be changed or canceled after it is approved unless the change is agreed upon, in writing, by both parties.
5. I understand that there are no additional fees unless an established payment is late.
6. I understand that, if I pay by check and it is returned for any reason, then I will pay the penalty and late fee plus a \$30 returned check fee.
7. I understand that tuition payments received are first applied against the oldest outstanding balance.
8. I understand that payments sent by mail must be post-marked on or before the due date, and that I must also notify ArborVitae by email that the payment has been posted.
9. I understand that if an automated payment fails, it is my responsibility to update my payment information.

Payment Plan Options

- Clover: Tuition is divided into four payments charged every other month.
- Mugworts Monthly: Tuition is divided into eight payments charged every month.
- Calendula: Tuition is divided into twelve payments charged every month.
 - This plan can only be chosen if payments begin prior to June 1st.
- Impatiens: Tuition is divided into fifteen payments charged every month.
 - This plan can only be chosen if payments begin prior to March 1st.

Phone: 646-721-5998 🌿 Email: info@arborvitaeny.com 🌿 Web: arborvitaeny.com
Mailing: ArborVitae, LLC One Union Square West, suite 309, New York, NY 10003

Late Payment Policy

Penalty and Late Fee:

- If I fail to pay the full due payment amount on or before the due date, I agree to pay a late fee of 1.4% of the amount per week. The late fee is a percentage of the individual payment, not the tuition in its entirety.
- I understand that the 1.4% late fee will be accumulating until the day I pay the total due. Weekends and holidays are counted toward late days.
- I understand I will be invoiced for the late fees separately from my tuition payments.
- I understand that, if my payment is 2 weeks late, I can expect to be contacted by ArborVitae informing me that the credit card I have provided on this form will be charged, by a date which will be specified in the email, if I do not make my payment before then.

Notice:

- I understand that, after one week of account delinquency, I will be notified via email by the Accounting Office of penalty and late fee realization. I understand that failure to pay my dues could affect my student status.

Loss of Eligibility for Payment Plan:

- I understand that, if I fail to pay my installments on time on more than one occasion, I may not be eligible for a payment plan the following year.

Readmission Withholding:

- I understand that, if I have any outstanding tuition balance, I will not be able to enroll for future classes until I fulfill my obligation.

Removal from Program:

- If I fail to pay my installments on time for two subsequent months, I understand that I may be asked not to come to class until I have made my payments. If this happens and I choose not to return to class, I am still responsible for paying the entirety of my tuition.

Certificate:

- I understand that, regardless of academic achievement, I will not receive my certificate until I have paid my entire tuition and any outstanding debt to the school.

By filling out this form, I agree to and have read and understood all of the above terms and conditions. I also recognize that it is my responsibility to adhere to the due dates to avoid additional fees.

Student Signature: _____ Date: _____

Student's Name: _____
First Middle Last

Program Year: _____

Payment Plan: _____

Address: _____
Street City State Zip

Home Phone: _____

Cell Phone: _____

E-mail: _____

Credit Card Information

Provider: _____ Card Number: _____

Expiration: _____ Security Code: _____

Name of Cardholder (if different from student's): _____

Billing Address: _____
Street City State Zip

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