



# ARBOR VITAE

## SCHOOL OF TRADITIONAL HERBALISM

### UPFRONT TUITION AGREEMENT FORM

Please submit to [info@ArborVitaeNY.com](mailto:info@ArborVitaeNY.com)

ALL STUDENTS ARE RESPONSIBLE FOR PAYING THEIR ANNUAL TUITION IN FULL, REGARDLESS OF WHETHER THEY COMPLETE THE PROGRAM OR NOT.

#### TERMS AND CONDITIONS OF PAYMENT

1. I agree to pay my full tuition balance, under the terms of this agreement, by September 1<sup>st</sup> of the school year.
2. I agree and understand that I am legally obligated to pay the full tuition even if I do not attend all classes or withdraw from the program.
3. I agree to allow ArborVitae to occasionally verify my credit card information prior to my tuition being paid, without first notifying me, by placing a temporary hold on funds up to \$3.
4. 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.
5. 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.
6. I understand that, should it become necessary for ArborVitae to retain an attorney or collection agency to secure payment of any amount due, I will be responsible for all collection costs and legal fees.

#### REMOVAL FROM PROGRAM

I understand that, should I fail to pay my tuition in full by September 1<sup>st</sup>, my place in the program will be offered to the next person on the wait list and I may not be able to attend classes this year.

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Student Initials



**ARBOR VITAE**  
SCHOOL OF TRADITIONAL HERBALISM

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Students Name

Program Year

**PAYMENT INFORMATION – ACH or Credit Card**

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Name on Account

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Account Billing Address

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Routing #

Account #

Visa

Mastercard

Discover

American Express

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Name on Card

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Card Billing Address – street, city, state, zip

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Card #

Expiration Date

CVV #

By completing and signing 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.

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Student Signature

Date