



PAYMENT ARRANGEMENTS

This Payment Arrangement is between Healthcare Career Academy 2261 Gattis School Rd. Suite 155 Round Rock, Texas 78664 and _____.

This Payment Arrangement is effective as of ____ day of _____, 20____. By signing this agreement, the Parties agree to be bound to the terms and conditions below:

Exhibit A-

1. Purpose:

This Payment Arrangement established between the Healthcare Career Academy and the Student will cover the total amount owed by the student, which is **\$1,590.49**.

The student debt is in relation to

Phlebotomy 4-week program

All terms used in this agreement will have the same meanings as in the original documents and agreement(s). The original agreement(s) will remain unamended and in full force and effect.

2. Deferral:

The deferral will apply from _____, 20__ and will apply for _____ until _____, 20__ covering the student debt as described under the section titled "Purpose" above.

3. Payment:

Installments:

The Student will make deposit in the sum of **\$795.25** before the start of the class

4. Schedule:

Bi-weekly payments of \$397.25, for a total of 2 payments

Installment agreement 4 payments of \$397.25. Due at the end of week.

No interest will be applicable for any of the installments.

Tuition needs to be paid in full before taking the certification exam, and the end of the 4-weeks

5. Payment Method:

All payment needs to be made with credit or debit card. *No cash payments*

Payments will be made on Healthcare Career Academy website.

Healthcarecareeracademy.org

6. Acceleration Clause: If the student fails to render payment **48 hours** after the due date.

- a. The dates set out in Exhibit A; the **full amount / tuition** that is **owed** will instantly become due before returning to class.

7. Representations and Warranties: Both Parties represent and agree that they are fully authorized to enter into this agreement. The obligations and performance of either the Party will not infringe or violate the rights of any third party or any other agreement between the Parties or either of the Parties and any other organization, business, or person, or any government or legal regulation.

8. Entire Agreement: The Parties acknowledge and agree that this agreement constitutes the entire agreement between the Parties, unless both Parties agree on modifying the contract.

9. Modification: Modification of this agreement is only valid if made in writing and agreed upon both the Healthcare Career Academy and the Student.

IN WITNESS WHEREOF, the Parties have executed this Agreement to be effective as on the Effective Date written above.

By: _____
Student Signature

Date: _____

Student Full Name

By: _____
School Director Signature

Date: _____

School Director Full Name