



## Healthcare Connect Academy: Financial Form

Payment Plan Option	
<b>\$200 Deposit Due with Application</b>	
<b><u>Payment Plan Options</u></b>	
_____ <b>Pay In Full</b>	_____ <b>Amount</b>
_____ <b>6 Payments: January 1, 2018 - June 1, 2018</b> High School and Pre-College Program	
_____ <b>2 Payments: January 1, 2018 - June 1, 2018</b> Middle School Program	

Student Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Person Responsible for payment: \_\_\_\_\_ Best Number to Reach You: \_\_\_\_\_

### **Credit Cards Preferred**

**Credit Card Type:** Visa    MasterCard    Discover    AMEX    **Name on Card:** \_\_\_\_\_

**Card Number** \_\_\_\_\_ **CVV2** \_\_\_\_\_    **Expiration Date:** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

I do hereby authorize CCEDC to charge my credit card by the 10<sup>th</sup> day of the month in the amount of \_\_\_\_\_ for tuition cost associated with the Healthcare Connect Academy.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**Cancellation policy – Refunds will not be accepted after 30 days of this agreement.**

### **Checks Accepted**

**Make checks payable to: CCEDF, Attn: Healthcare Connect Academy, 737 Constitution Drive, Exton, PA 19341**



Health Care Connect is an initiative of the Chester County Economic Development Council and is funded in part by the private sector with grant funding received from the Pennsylvania Department of Labor and Industry through the Chester County Workforce Development Board.



