



**INSTALLMENT PAYMENT PLAN ENROLLMENT AGREEMENT**  
DEPARTMENT OF FINANCE

**1. ENROLLMENT PROCEDURES**

Complete and sign this form. There is a **\$100** non-refundable enrollment fee payable with the first installment payment of each semester. This form is valid for the current semester.

**2. PERSONAL INFORMATION (Please print or type)**

Student Name (Last, First, Middle)

Address (Street, City, State, Zip)

Home Phone Number  Cell Phone Number

Email Address

Payment Plan Academic Term  Spring  Summer  Fall Year

**3. TERMS AND CONDITIONS**

PLEASE MAKE SURE YOU HAVE READ AND UNDERSTOOD THE FINANCE POLICY.

**4. PREFERRED PAYMENT METHOD**

CREDIT CARD: \_\_\_\_\_ CASH ON CAMPUS: \_\_\_\_\_ WIRE TRANSFER: \_\_\_\_\_

If selecting credit card, make sure you fill the Recurring Credit Card Authorization Form.

**Please indicate your acceptance of these terms and conditions by signing this agreement and return it to the AUS office in Dallas.**

My signature below certifies that I have read the Finance policy and I agree to the terms and conditions in the Finance policy and in this Agreement.

Student Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

Please sign and submit this form to the Dallas Office by fax at (972)484-9970 or via email at [finance@aussom.org](mailto:finance@aussom.org)



# AUS CREDIT CARD AUTHORIZATION FORM

## Recurring Payment Authorization

I hereby authorize AUS to charge my monthly tuition payments as per tuition invoice. **This authority remains in effect until AUS has received written notification three business days prior to the due date or until AUS has sent me notice of termination of this agreement.** By signing below I certify that I authorized AUS to withdraw from or charge funds to this card. If my account is past due, I authorize AUS to debit the past due amount plus any additional fees incurred.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Cardholder Information

Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

*Credit Card Billing Address (if different from above):*

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

### Credit Card Information

MasterCard  Visa

Credit Card Number: \_\_\_\_\_ 3-Digit Security Code: \_\_\_\_\_

*\*Last 3 numbers on the back of card.*

Expiration Date: \_\_\_\_ / \_\_\_\_

Begin taking payments on: \_\_\_\_\_ *(Date should be same as the first installment date on the tuition invoice)*

Student Name: \_\_\_\_\_ Semester: \_\_\_\_\_

**Attach copy of Credit/Debit Card and Photo ID and mail/fax/email to:**

**Mail:** AUS School of Medicine  
17950 Preston Road Suite 420  
Dallas, TX 75252, USA

**Phone:** 1-888-928-7633  
**Fax:** 972-484-9970  
**Email:** finance@aussom.org