



University of Central Florida
Division of Continuing Education
Financial Planning Certificate Program

PAYMENT AGREEMENT FOR FULL PACKAGE PRICING

Please enroll me in the all seven courses in the Financial Planning Certificate Program. I understand and agree that it is my responsibility to pay the following fees, which are offered at a discounted rate because I am choosing to register up front for all seven courses: Tuition \$4,860.00.

I, _____, do hereby agree to pay the tuition of \$4,860.00 in accordance with the following schedule:

March 1, 2010 - \$850.00
April 12, 2010- \$850.00
May 31, 2010- \$850.00
July 12, 2010- \$850.00
August 16, 2010- \$850.00
October 4, 2010- \$610.00

Credit Card (REQUIRED** for deferred payment plan)

- Visa MasterCard
 American Express Discover

Account No. _____ Expiration Date** _____
Name on Card _____
Card Billing Address _____
City, State, Zip Code _____

**** YOU MUST NOTIFY BUSINESS OFFICE WHEN YOUR CARD EXPIRES AND PROVIDE
NEW INFORMATION to Becky Morgan @ 407-882-0243**.**

PLEASE FAX TO UCF DCE Business Office at 407-882-0244.

I acknowledge that I have provided University of Central Florida, Division of Continuing Education (DCE) with my credit card account number and expiration date on the above Payment Agreement. I hereby authorize DCE to charge the sums noted above to my credit card account on the dates noted above. I understand that these fees are all nonrefundable once they have been processed.

Signature _____

Print Name _____ Date _____