

PAYMENT PLAN AGREEMENT

Please complete the form in its entirety. Contact our offices for more information.

This serves to confirm that I am aware that the Faith Fellowship Training Institute has a policy that requires each student following the payment plan to adhere strictly to the agreement laid forth below.

What is the amount to be covered by the plan?

\$.

By what date do you hope to meet your financial obligations: (dd-mm-year)

Please select one of the payment schedules listed below:

- Weekly
- Bi-Weekly
- Other _____
(Please indicate)

Hence, I agree to pay \$ _____ every _____ week(s) on the _____ day of each payment week.

Note: All fees must be paid before your final examination.

I, _____, hereby consent to follow the payment agreement given above with strict abidance. I have read and understood the conditions of the agreement; should I have any difficulty, I fully accept it as my responsibility to report this matter to the Office of Student Financing before my next payment is to be made, so as to allow for alternate arrangements to be made.

Printed Name: _____

Signature: _____

Date (dd/mm/year): ____ | ____ | ____

Witness: _____

Date (dd/mm/year): ____ | ____ | ____

Return this form to our offices as soon as possible.

“Education is the golden key to open the door to success”

Form	FOR OFFICIAL USE
<input type="checkbox"/> Acceptable <input type="checkbox"/> Incomplete	Notes: _____
Verified By: _____ Date: ____ ____ ____	

International Faith Christian Fellowship Training Institute

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