

# EC-COUNCIL UNIVERSITY

## EC-Council University Monthly Payment Plan

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_ Student ID # \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street or P.O. Box

City

State or Province

Country

Postal code

I am enrolling in the Monthly Payment plan. This plan divides my tuition into three equal payments. I owe one third of my tuition due each payment.

For Term 1 payments will be Due

Payment 1      December 29

Payment 2      January 15

Payment 3      February 15

For Term 2 payments will be Due

Payment 1      March 30

Payment 2      April 15

Payment 3      May 15

For Term 3 payments will be Due

Payment 1      June 29

Payment 2      July 15

Payment 3      August 15

For Term 4 payments will be Due

Payment 1      September 29

Payment 2      October 15

Payment 3      November 15

I understand:

\_\_\_\_\_ (Initial) first payment must be made before start of the first class of the term.

\_\_\_\_\_ (Initial) payments are due by the fifteenth of each month.

\_\_\_\_\_ (Initial) late payments are assigned a \$30 late fee.

\_\_\_\_\_ (Initial) to maintain eligibility I must make payments on time.

\_\_\_\_\_ (Initial) failure to make payments will result in my removal from the payment plan in future terms.

I understand that this Agreement is a legally binding instrument when signed by me and accepted by EC-Council University

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date