



INSTALMENT PLAN AGREEMENT

I understand and agree that I am financially responsible for the payment of all the amounts stated below. I agree to pay the amount in the time period stated below and agree that my credit card (stated below) be auto charged on the second payment date.

I understand and agree that failure to pay as scheduled will result in the termination of the enrolment of the teacher training without any refund.

Agreement Number: _____

Credit card holder name: _____

Credit card no: _____

Course fee (HKD): _____

Course batch date: _____

Student name: _____

Contact number: _____

First payment date: _____

Second payment date: _____

Agreed and signed by:

Credit card holder

Date: