



Oregon School of Massage

AUTO DRAFT PAYMENT AUTHORIZATION

Auto Draft Policy: This form authorizes Oregon School of Massage to draft monthly tuition payments from a credit or debit card account. Completed authorization form MUST be received no later than the 5th of the month to have drafting established for the next billing cycle. Invoices will be mailed to student on or about the 21st day of each month prior to the due date should no unforeseen circumstances exist. Student tuition payments will be drafted from the authorized account on either the 1st / 15th of each month with the exception of holidays, weekends, bank closing, or other unexpected events. In that event payment will be drafted on the next business day. The authorized account will be drafted for the contracted tuition payment - no partial payments can be arranged.

Student Initial: _____

Cancellation Policy: This authorization will remain in effect until written notice of termination is given to Oregon School of Massage, Bookkeeping Dept., 9500 SW Barbur Blvd., Suite 100, Portland 97219. Written notice to discontinue drafting must be received not later than the 10th of the month.

Student initial: _____

Please complete the following:

Student Name – PLEASE PRINT

Social Security #

Street Address

City

State

Zip

E-mail address

Phone Number

Select One:

New Authorization

Change Authorization

Type of Financial Agreement:

Monthly Payment Plan - OR-

OSM Low Interest Loan

Monthly Tuition amount \$ _____ for _____ months. Payment drafted on 1st - OR- 15th

Please indicate card type :

Credit card - OR- Debit card

Visa Card- OR- Master Card

Print Cardholders Name *

Cardholders Signature

Credit Card Number

3 digit code

Billing Zip Code

Expiration Date: MM/YY

(* in some instances tuition payments may be accepted from a third party toward the Students unpaid tuition. The Student and the Third Party MUST sign a separate consent form. This is required before initiating the drafting process.)

Authorization: I (We) authorize Oregon School of Massage to initiate debit transaction entries to the account, indicated above, for the monthly tuition payments as agreed upon in the financial agreement. I understand that if charges are declined by my bank or credit card provider I will be contacted immediately by Oregon School of Massage to ensure uninterrupted enrollment and may be subject to a processing fee of \$25. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account. My initials above indicate that I understand the Auto Draft Policy and Cancellation Policy outlined on this form.

Student Signature

Date

Cardholder Signature

Date