**TUITION PAYMENT AND FINANCIAL AGREEMENT FORM**

PMTS students must complete this form each academic year to indicate which tuition payment option they are selecting.

**Student’s First Name:** Click or tap here to enter text.

**Student’s Last Name:** Click or tap here to enter text.

**Email Address:** Click or tap here to enter text.

I agree to make payments for the 2023-2024 academic year, according to one of the following options:

[ ]  Payment in Full

[ ]  2 Payments throughout the academic year (half payment due prior to December 31,2023; half due prior to November 16, 2024)

[ ]  4 Payments throughout the academic year (2 payments due prior to December 31, 2023; 2 payments due prior to November 16, 2024)

[ ]  22 Monthly Payments throughout the academic year (1 payment due before the 16th of each month)

**TERMS AND CONDITIONS**

My account may be billed a finance charge of 1.5% (on a monthly basis) if it is past due based on payment terms.

In the event of default and acceleration of the balance owing, Peace Multicultural Theological Seminary shall be entitled to exercise all remedies under Maryland law. I shall pay all reasonable costs and expenses, including reasonable attorney fees, and collection agency fees, incurred by Peace Multicultural Theological Seminary in performing and/or exercising its rights under this agreement.

I acknowledge that I may be denied continued enrollment in any and all classes at Peace Multicultural Theological Seminary and that Peace Multicultural Theological Seminary shall be entitled to deny the release of any of my records, including my transcripts.

I have read the terms and conditions and agree to abide by this policy:

[ ]  Yes

[ ]  No

**First Name:** Click or tap here to enter text.

**Last Name:** Click or tap here to enter text.

**RELEASE OF STUDENT FINANCIAL ACCOUNTS INFORMATION**

I authorize the Business Office at Peace Multicultural Theological Seminary to release information about, and discuss activity regarding my financial accounts with parents, and any other authorized individual listed below, during the entire term of my enrollment, unless I give the Business Office written notification to cancel such authorization.

**Name of Authorized Individual:** Click or tap here to enter text.

**Relationship:** Click or tap here to enter text.

**Name of Authorized Individual:** Click or tap here to enter text.

**Relationship:** Click or tap here to enter text.

Please verify that you are not a robot.

<reCAPTCHA>

<SUBMIT>