



The Medical Management Institute™

MMIclasses.com - Phone: 866.892.2765 - Fax: 678.669.2483 - 11660 Alpharetta Hwy, Suite 545A, Roswell, GA, 30076

Tuition Payment Program

The Tuition Payment Program is available for certification programs. The program is designed to break down the cost of the program into 5 easy payments. With the Tuition Payment Program, payments are automatically charged to your credit/debit card on the 15th of each month (or first business day thereafter if the 15th falls on a weekend day). To sign up for the Tuition Payment Program, complete this form below, sign it, and return it to The Medical Management Institute.

PROMISSORY NOTE/PAYMENT PLAN

The Medical Management Institute

I, _____, promise to pay the following moneys on or before the stated payment date to the Association of Registered Health Care Professionals. I acknowledge that this is a valid debt, which I incurred while a member of the above-mentioned organization. I agree to pay any and all penalties assessed by the ARHCP if payment is delayed due to my negligence, including but not limited to: failing to provide a valid credit card and expiration date to the ARHCP, or insufficient funds in my account.

I agree that my full amount owed to the ARHCP is: _____. I am responsible for _____ as a down payment, at time of enrollment. Your balance will then be _____

I further agree that on the 15th date of each month beginning and continuing on the same date in each subsequent month, my credit card or checking account will be charged an amount of _____. until the full tuition amount is paid in full.

My method of payment for this debt is: Credit card Debit Card

The card number to be used to pay this debt to the ARHCP is:

The expiration of this card is:

The name on the card reads:

The security code on the back of the card is:

The expiration date (if applicable) is: **6 months after product is received.**

If this payment schedule is not adhered to and this promissory note is placed in the hands of an attorney for collection or turned over to a professional collection agency, I agree to pay reasonable attorney's fees and/or collection costs, even though no suit or action is filed hereon; and if a suit or action is filed, I agree to pay the amount of such reasonable attorney's fees and court costs as shall be fixed by the court in which suit or action takes place.

Signature:

Print name:

Date: