CORENATION UNIVERSITY. P.O. BOX 6403. SUN CITY CENTER, FLORIDA 33571
WWW.CORENATIONUNIVERSITY.COM

Payment Plan Agreement Form

Equipping to Serve. Empowered to Lead. Anointed to Transform.

Student Information

Full Name:

Phone Number:

Email Address:

Program Enrolled In:

Program Start Date:

Tuition & Payment Terms

I, the undersigned student, understand and agree to the following terms for enrolling in a payment plan with **CORENation University**:

- I am enrolling in a certified training course with a total tuition of: **$_____**
- I agree to pay a **$50 non-refundable down payment** upon submission of this agreement. This down payment serves as **Payment 1 of 3**.
- A **$25 processing fee** will be **added** to my total tuition amount for participating in this payment plan.

Remaining Balance (after $50 down payment): $_____

Payment Schedule

- **1st Payment** (Down Payment): $50 (non-refundable) – Due at time of enrollment
- **2nd Payment:** $_____ – Auto-debited 30 days after program start
- **3rd Payment:** $_____ – Auto-debited 60 days after program start

All payments will be processed automatically using the billing method provided below.

Payment Policy Terms

By entering this agreement, I understand that:

- This payment plan is a courtesy extended by CORENation University to make ministry education more accessible.
- A **$25 NSF Fee** will be applied to my account for any **non-sufficient funds** or failed payments.
- A **$25 Late Processing Fee** will also apply if a payment is **delayed or not honored** by the due date.
- I am responsible for ensuring that all payments are made on time and that my account information is up to date.
- If my **tuition balance is not paid in full** by the end of this agreement period, **CORENation University reserves the right to drop me from the program roster** without refund.

Payment Method (Select One):

☐ **Credit/Debit Card**

- **Cardholder Name (as shown on card):** _____
- **Card Number:** _____ _____ _____ _____
- **Expiration Date (MM/YY):** _____
- **CVV Code (3-4 digits):** _____
- **Billing Zip Code:** _____

☐ **Bank Account (ACH Draft)**

- **Account Holder Name:** _____
- **Bank Name:** _____
- **Routing Number:** _____
- **Account Number:** _____
- ☐ Checking ☐ Savings

Your payment method will be securely stored for the duration of this agreement and used only for the purposes outlined in this form.

Authorization & Acknowledgment

By signing below, I authorize **CORENation University** to process payments on the scheduled dates using the account or card provided. I understand and accept the full terms of this Payment Plan Agreement.

Student Signature: **Date:**

CNU Representative: **Date Approved:**

Please return this form to the School Registrar @ CORENationUniversity@gmail.com