

PAYMENT ARRANGEMENT AGREEMENT

This Payment Arrangement is made and entered into by and between **Healthcare Career Academy**, located at 2261 Gattis School Rd. Suite 155, Round Rock, Texas 78664 ("Academy") and _____, (Student Name). This Agreement is effective as of the _____ day of _____, **2025** (the "Effective Date").

By signing this Agreement, the Parties agree to be bound by the terms and conditions set forth below:

Exhibit A

1. Purpose:

This Payment Arrangement is established to cover the total amount owed by the Student to the Academy, which is \$ **\$1,590.49**. The debt arises from the following program:

Phlebotomy 4-week program

All terms used in this agreement shall have the same meaning as in the original documents and agreement(s) between the Academy and the student. The original agreement(s) shall remain in full force and effect and are not amended by this arrangement.

2. Deferral:

The deferral shall apply starting from _____, **2025** and will be in effect until _____, **2025**, covering the student debt as described in the section titled "Purpose" above.

3. Payment:

- **Initial Deposit:** The student agrees to make an initial deposit of **\$795.25** before the start of the class.
- **Installments:** The student agrees to pay **bi-weekly installments of \$397.62**, for a total of **2 payments**.
- **Tuition Requirement:** Tuition must be paid in full **before taking the certification exam and by the end of the 4-week program**.

4. Schedule:

- The student agrees to make **2 bi-weekly payments of \$397.62**.
 - Payments will be due at the **end of each two-week period**.
 - No interest will be applied to any of the installments.
- **Installment agreement:** 2 payments of **\$397.62** are due every two weeks.

5. Payment Method:

- **Payment Method:** All payments shall be made by credit or debit card. No cash payments will be accepted.
- **Payment Portal:** Payments must be made through the Healthcare Career Academy website at www.healthcarecareeracademy.org.

6. Acceleration Clause:

If the Student fails to render payment within **48 hours** after the due date, the entire outstanding balance will become **immediately due** and payable, and the student will not be permitted to return to class until full payment is received.

7. Representations and Warranties:

Each Party represents and warrants that they have full authority to enter into this agreement. The obligations and performance of either Party shall not infringe upon the rights of any third party or violate any other agreement between the Parties or with any other person, organization, or governing body.

8. Entire Agreement:

This Agreement constitutes the entire understanding between the Parties regarding the payment arrangement. It supersedes any prior agreements, whether oral or written, relating to the same subject matter.

9. Modification:

Any modification or amendment to this Agreement will be valid only if made in writing and signed by both Parties.

IN WITNESS WHEREOF, the Parties have executed this Agreement as of the Effective Date written above.

Healthcare Career Academy

Signature: _____

Name: _____

Title: _____

Date: _____

Student

Signature: _____

Name: _____

Date: _____

This Payment Arrangement Agreement will ensure clarity regarding the tuition payment schedule and protect both the student and the Healthcare Career Academy during the duration of the student's enrollment.