

The Income Tax School EZ-Pay CTC Installment Payment Plan Authorization Form

Student's Name _____ Date _____

Student's Shipping Address _____ City _____ State _____ Zip Code _____

Student's Email Address _____ Student's Phone Number _____

CTP Package Name _____

Total Amount to be Paid _____ Initial Payment Amount _____

3 Installment Payments of _____ are due every 30 days after initial payment date. Final payment due date (in 90 days): _____

Please choose one EZ-Pay option:

Check

(Charges will be deducted automatically from your checking account each month. Please enclose a voided check for this account and mail back with this form. There is a 7 business day hold on activating enrollments when using this payment method.)

Name of Bank _____ ("Depository")

Bank Routing Number _____

Check Account Number _____ ("Account")

Name on Checking Account _____

I understand that by signing this form I give authorization to The Income Tax School and/or the The Income Tax School's bank and/or payment processor to debit my listed Account at the Depository above for Installment Payment charges. I hereby warrant that I have the authority to authorize debits from the listed Account for the purpose of paying for products and services by The Income Tax School. I understand and agree that The Income Tax School is not liable in any way for erroneous bill statements or incorrect charges and that should an error occur in billing or debiting, The Income Tax School's only responsibility is to correct such error when and if The Income Tax School receives notice of the error. All debits are non-refundable. I understand that The Income Tax School reserves the right, upon written notification, to terminate this payment option and/or my participation in a course. The Income Tax School reserves the right to restrict entry to courses and/or revoke account privileges if the account is not paid in full by the second installment payment due date and/or if any authorized debit is refused by the Depository for any reason, including insufficient funds. The Income Tax School will use our best efforts to process your electronic check/ACH payment authorization and all payments as promptly as possible on or after the payment dates. However, The Income Tax School will not be liable if we or our payment processor is unable to process payments authorized by you because of the existence of any one or more of the following circumstances:

1) Your account does not contain sufficient funds to complete the transaction or your transaction would exceed the credit limit of your overdraft account; 2) You have not provided The Income Tax School with correct names or account information (include updated information in the event this information changes); and/or 3) Circumstances beyond The Income Tax School's control (such as, but not limited to, fire, flood, or interference from an outside force) prevent the proper transmission of your payment authorization and The Income Tax School has taken reasonable precautions to avoid those circumstances. Under all payment plans, all payments are due on the dates specified regardless of course cancellation or rescheduling – refunds or exchanges in such events will then be handled under The Income Tax School's standard course policies. Failure to continue scheduled payments in the event of cancelled or rescheduled courses may subject your account to cancellation.

I understand this authorization remains in force and effect until The Income Tax School has received written notification of its termination in such time and manner as to afford The Income Tax School, M&T Bank, and/or the Depository a reasonable opportunity to act on it.

I understand that all costs or fees incurred by The Income Tax School that result from any refused payments, regardless of reason (including, but not limited to, overdraft (i.e. "bounced check") fees), are my responsibility and will be added to my outstanding account balance, and also that The Income Tax School will not be liable for any fees charged to me by the Depository related in any way to any authorized debit or debit attempt by The Income Tax School.

Printed Name _____

Authorized Signature _____

(Must be signature of above-named account holder, or, in the case of a corporate bank account, a corporate officer able to authorize account debits)

Credit Card

(Charges will automatically be made to your credit card each month.)

Name on Card _____

Credit Card Billing Address _____

City, State, Zip Code _____

Circle one: AMEX Visa MC Discover

Card# _____

Exp Date _____ Security Code _____

I understand that by signing this form I give authorization to The Income Tax School to charge my credit card for invoiced products or service charges. I hereby warrant that I have the authority to authorize charges to the listed Account for the purpose of paying for products and services by The Income Tax School. I understand and agree that The Income Tax School is not liable in any way for erroneous bill statements or incorrect charges and that should an error occur in billing, The Income Tax School's only responsibility is to correct it when and if The Income Tax School receives notice of the error. There will be no refunds of any kind for these charges. I understand that my credit card company and The Income Tax School reserve the right, upon written notification, to terminate this payment option and/or my participation in a course(s). The Income Tax School reserves the right to restrict entry to courses and/or revoke account privileges if the account is not paid in full by the second installment payment due date and/or if any authorized charge is refused by the Credit Card Company for any reason. I understand that payment will be charged to the credit card on the installment days specified, or the next business day (or later, in the event of unforeseen events). I understand this authorization remains in force and effect until The Income Tax School has received written notification of its termination in such time and manner as to afford The Income Tax School and my Credit Card Company a reasonable opportunity to act on it. I realize that if any account number(s) listed on this form changes, this authorization will remain in effect for the new account number(s). Under all payment plans, all payments are due on the dates specified regardless of course cancellation or rescheduling – refunds or exchanges in such events will then be handled under The Income Tax School's standard course policies. Failure to continue scheduled payments in the event of cancelled or rescheduled courses may subject your account to cancellation. **The Income Tax School reserves the right to charge a processing fee in the event that any charge is refused for any reason.**

Printed Name _____

Authorized Signature _____

Complete form and send using one of the following methods:

Fax: 1-877-787-1040

Scan and Email: orders@theincometaxschool.com

Mail: The Income Tax School, Inc.

The Forum Office Park

10120 W. Broad St., Suite A

Glen Allen, VA 23060