

Certificate Program Enrollment Form

Personal Information

Full Name: Last First M.I.
Address: Street Address Apartment/Unit #
City State ZIP Code
Home Phone: Alternate Phone:
Email

Payment Information

Select your payment plan:
[] Pay in Full (\$2,495)
[] Two Payments (Down payment of \$1,325 remaining \$1245 to be charged 6 months after starting program. Total \$2,570, includes \$75 payment plan fee.)
[] Monthly Payment Plan (\$445 down payment, remaining to be charged on the 15th of every month in the amount of \$200 a month, total \$2,645, includes \$150 payment plan fee.)

Scholarship information:
[] I have a scholarship code (Scholarships effect payment plan terms; the scholarship amount will be divided between any payments that are scheduled.)

Payment Information:
[] Check Enclosed, Number: (Only applicable to payment in full or two payments plan)
[] Company Purchase Order: (Attach a copy of the purchase order to your enrollment form)
[] Credit Card (Fill in the information below)

Cardholder Name:
Billing Address:
Credit Card Type: Visa Mastercard Discover AmEx
Credit Card Number: Expiration Date:
Card Identification Number (last 3 digits located on the back of the credit card):

I authorize American Water College to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder - Print Name, Sign and Date Below:
Signed:
Dated:
Name: