

# Tuition Payment Plan

## American Institute of Law

18411 Crenshaw Boulevard, Suite 416, Torrance, CA 90504-5066

Telephone (888) 412.4593 • Fax: (888) 657.1895 • www.instituteoflaw.com



Account Holder Name:	
Billing Address:	
City, State and Zip:	
Enter Phone Number:	
Enter Email Address:	
Entry Type:	Fall 2024
Program:	Juris Doctor

### Tuition Payment Authorization

I  hereby give American Institute of Law permission to charge my account in the amount of **\$3,840.00** as indicated below:

Payment Method	Credit/Debit Card Number	Exp (XX / XX)	Sec Code
VISA - MC - AMX - DISC	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-CHECK	<b>Routing No.</b>	<b>Account No.</b>	<b>Name of Bank</b>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<b>Name of Account Holder</b>	<input type="text"/>	

Description	Payment
<b>Tuition Down Payment and Payment Schedule</b>	<b>\$349.09</b>
Down Payment: <input type="text" value="\$0.00"/> Months: <input type="text" value="11"/> Today's Date: _____	

### Balance and Payment Schedule

Interval	Due Date	Amount	Bal Fwd
<b>Dwn Pymt</b>		<b>\$0.00</b>	<b>\$5,840.00</b>
<b>Scholarship</b>	<b>Pending</b>	<b>\$2,000.00</b>	<b>\$3,840.00</b>
Month 1		\$349.09	\$3,490.91
Month 2	08/01/24	\$349.09	\$3,141.82
Month 3	09/01/24	\$349.09	\$2,792.73
Month 4	10/01/24	\$349.09	\$2,443.64
Month 5	11/01/24	\$349.09	\$2,094.55
Month 6	12/01/24	\$349.09	\$1,745.45
Month 7	01/01/25	\$349.09	\$1,396.36
Month 8	02/01/25	\$349.09	\$1,047.27
Month 9	03/01/25	\$349.09	\$698.18
Month 10	04/01/25	\$349.09	\$349.09
Month 11	05/01/25	\$349.09	\$0.00

Total: **\$5,840.00**

### Electronic Signature Agreement

By typing your full name, you are signing this payment plan authorization, you agree that your electronic signature is the legal equivalent of your manual signature. You further agree that your use of a key pad, mouse or other device to select an item, button, icon or similar act/action, constitutes your signature (herein referred to as ("Electronic Signature")), acceptance and acknowledgement as if actually signed by you in writing. You also agree that no certification authority or other third party verification is necessary to validate your Electronic Signature and that the lack of such certification or third party verification will not in any way affect the validity and of your Electronic Signature. You further agree and acknowledge that a student who fails to make timely payments in accordance with this payment plan may forfeit their rights and/or privileges as students of American Institute of Law.

Account Holder Signature

Date