

University of Houston Continuing Education Pharmacy Technician Installment Payment Guarantee Form

Student name _____
 Course number **10SPHA0101C**
 Course title **Spring 2010 Weekend Program**
 Course dates **February 6, 2010 – September 18, 2010**
 Student address _____
 Email address _____
 Student phone _____

CE office use only
OrbitalVT ProfileID: _____
CSR initials: _____
Date added: _____
Date deleted: _____

I promise to pay the required installments for this course by the due dates described on this form. I understand that each payment must be received in the UH Continuing Education Customer Service office on or before the due date, and that payments may be by cash (exact change only), check, money order, or credit card (Visa, Mastercard or American Express).

If I fail to make each required payment by its due date, I authorize UH Continuing Education to charge the amount due to the credit card listed below.

I understand that installment payments charged to this credit card are not refundable except with written authorization from the UH Continuing Education Program Director who is responsible for this course.

I understand that if UH Continuing Education is unable to charge my installments to this credit card and I fail to make payment by another method I will not receive continuing education credit or a certificate of completion for this course.

I understand that full payment must be made whether or not I complete the program.

Student signature _____

Installment	Amount	Due date
1	1100.00	Due upon Registration
2	1100.00	Due by 03/12/2010
3	1099.00	Due by 04/23/2010

Submit this form to: UH Continuing Education
 Room 102, C.N. Hilton Hotel & College
 University of Houston
 Houston, TX 77204-3027

Phone: 713.743.1060

Fax: 713.743.1203

Email: ceregistrar@uh.edu

(Note: To protect your confidential information never email forms that contain credit card numbers.)

Visa
 MasterCard
 American Express

Name on the card _____

Card Number _____

(If presenting the card in person or by phone, write only the last 4 digits. Otherwise include the full credit card number.)

Expiration Date _____

(Card must be valid through the end of the course.)

Billing Address _____

Billing Phone _____

Cardholder name _____

Cardholder signature _____
(Authorizes charges described below)

As a state institution, the University of Houston is required by state law to report delinquent debts to the Texas Comptroller's Office, which will place the indebted person or company "on hold" with all State of Texas agencies and universities. This means state agencies and universities are not permitted to pay the indebted person or company until their debt is paid and the hold is released. In addition, the indebtedness may be referred to the Texas Attorney General's Office for collection activity.

Legal Citation: Texas Government Code Ann. §§403.0551 and 403.0552 (Vernon 2005); §§2107.008 and 2252.903 (Vernon Supp. 2005); Texas Education Code Ann. §§57.48 and 57.482 (Vernon Supp.2005); Texas Family Code Ann. §231.007(a), (i)-(k) (Vernon Supp. 2005).

Student Initials: _____