



**PEDIATRIC DENTAL
ASSISTANT SCHOOL**

We create **Exceptional** Pediatric Dental Assistants!

Financial Agreement

(Preauthorized Bank Account Draft)

Please print legibly in blue or black ink

Student Full Name: _____

Applicant/Guarantor

First Name _____

Last Name _____

Mobile Phone _____ Email Address _____

Social Security Number _____

Date of Birth (mm/dd/yyyy) ____/____/____

GA Driver License Number: _____

Expiration Date: (mm/dd/yyyy) ____/____/____

Address _____

Monthly Rent/Mortgage Payment \$

Home Ownership (circle one) - Own Rent

Employment & Income

Where Employed _____

Work Phone _____

Monthly Income \$ _____
Paid (circle one) - Hourly Weekly Monthly
Other Monthly Household Income \$ _____
Source of Income _____

Bank Information

Account Type (circle one): Checking Savings
Routing Number _____
Account Number _____

Financing Information

Total Cost: \$4800.00
Down Payment: \$ 1000.00
Term: 6 months \$ 633.33 / month
 12 months \$ 316.67 / month
 18 months \$ 211.11 / month

Draft: Once a month on the 15th

Terms of Agreement

I, _____ hereby authorize Post Oak Enterprises, LLC to initiate debits to the bank account listed above.

Please debit my bank account in the amount of \$_____ on the 15th day of each month beginning _____ for _____ months totaling \$ 3800.00.

These payments along with the \$1000.00 down payment total \$4800.00.

In the event of default, I am responsible for all collection fees along with attorney and court costs. In addition, 1.5 % interest fees will be assessed monthly until the total amount financed is paid.

Guarantor _____

Date signed _____