

PAYMENT INFORMATION:

Cash / Check / Credit Card (Visa / Mastercard)

For credit card payments **by fax or mail**, please complete the following:
(This information will be destroyed after payment received. We do not keep it on file.)

Card# _____ Expiration _____ (mm/dd/yy) CVS# _____

Street address or box# card billing _____ Zip _____
 (example: 3542 Street or Box 625)

PAYMENT AGREEMENT:

(Please read carefully as this is a legal contract.)

I understand and agree that my signature on this registration form constitutes a contractual agreement between HEP of Texas and myself. **I understand and agree to pay in full for any and all classes that my child is enrolled in, even if my child withdraws from the class during the semester.** HEP of Texas reserves the right to pursue the collection of any outstanding fees due and that if a legal judgment is sought, the undersigned will be responsible for all court costs, attorney fees, and course fees. I HAVE CAREFULLY READ THIS CONTRACT AND UNDERSTOOD ITS CONTENTS, AND I VOLUNTARILY SIGN THE SAME AS MY OWN FREE ACT. MY SIGNATURE BELOW ALSO CONFIRMS THAT I HAVE READ AND UNDERSTAND HEP TX'S STATEMENT OF FAITH AND AGREE TO ABIDE BY IT (posted on the HEPTX.com web page).

Signature _____ Relationship _____ Date _____
 (Parent/Guardian)

FOR OFFICE USE ONLY

Documents	Check
Waiver Received	
Medical Info	
Insurance Card	
Teacher Ease	
Employee	

Class Sub total	\$ _____
1/2 Down	\$ _____
Total Cost	\$ _____
Finance Fee(s) (\$15/class)	\$ _____
Due Today	\$ _____

