



Payment Plan

Office use only
Approved? Y N
Signed and stamped:

Name:

Course:

Start date- end date: DD/MM/YY – DD/MM/YY

Date created:

Payment schedule

Total fees: £XXXXX

Payment	Date of payment	Fees paid	Fees owed	Received (Office use only)
Deposit (20%)				
Payment 1				
Payment 2				
Payment 3			£0	

Terms and conditions

- I agree to follow this Payment Plan and pay the amounts of money agreed on the dates agreed.
- I agree to give at least 4 weeks’ notice for any changes I need to make to this plan. I will need to give proof of why I need to change my Plan. inlingua Leeds may say no.
- I agree to follow the Payment Policy and understand the extra charges and fees I might need to pay.

Created: 18/02/2019

Last Reviewed: 21/12/2023

To be reviewed: 21/12/2024

Management



- I understand that, if I do not follow my Payment Plan, Inlingua Leeds might ask me to leave my course. I understand I will not get a refund on any money I have already paid.

Date:

Signed: