



Catholic Social Services of Washtenaw County  
 Alternatives to Domestic Aggression  
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## Tuition Balance Payment Plan Agreement

Name: \_\_\_\_\_

Group:       Discovery     Foundations       Tactics       Options       Crossroads

Group time:  9:00 a.m.     11:15 a.m.       5:30 p.m.     8:00 p.m.

My Tuition is: \$ \_\_\_\_\_ My Balance due: \$ \_\_\_\_\_ As of: \_\_\_\_/\_\_\_\_/\_\_\_\_

**My specific Payment Plan:**

I will pay \$ _____ On ____/____/____	I will pay \$ _____ On ____/____/____
I will pay \$ _____ On ____/____/____	I will pay \$ _____ On ____/____/____
I will pay \$ _____ On ____/____/____	I will pay \$ _____ On ____/____/____
I will pay \$ _____ On ____/____/____	I will pay \$ _____ On ____/____/____
I will pay \$ _____ On ____/____/____	I will pay \$ _____ On ____/____/____

APPROVED ON: \_\_\_\_/\_\_\_\_/\_\_\_\_      EXPIRES ON: \_\_\_\_/\_\_\_\_/\_\_\_\_

  

\_\_\_\_\_  
 ADA Administration

\_\_\_\_\_  
 Service Participant Signature

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date

*\* I am familiar with the ADA Program's Tuition Policy and agree that this Agreement shall be governed by it. I have been informed that if I have any disagreement regarding the state of my account with the ADA Program it is my responsibility to demonstrate otherwise. I consent to the above payment calculations and understand that my attendance in the ADA Program will be governed by them unless some other documented change is negotiated. I understand that loss of this form will result in my being charged \$2.00 to receive another copy.*