



Email this form to: mdaldinger@gmail.com
or mail to:
Michael Aldinger
9626 Allegheny Drive,
Sacramento, CA 95827

LIFEWAYS CONTINUATION PROGRAM, KIMBERTON, PA 2018-19

APPLICANT NAME: _____ **DATE:** _____

NOTE: To earn the **Early Enrollment Discount of \$225:**
*Student's application and \$100 fee must be received AND
Payment Plan must be approved, signed and returned by the early enrollment deadline.*

PAYMENT PLAN OPTIONS

____ Enclosed is a check to LifeWays for \$8950 which covers \$7700 tuition and \$1250 mentor and supply fees.

____ Enclosed is a credit or debit card payment for \$8950 (see credit/debit card information below).

OPTION TWO - Installment Payment Plan:

Enclosed is a check to LifeWays North America or credit/debit card authorization (see card info below) for half of the tuition and fees (\$4475) and I will pay the remaining \$4475 with the following payment plan:

____ two installments of \$2237.50 to be paid on the following dates: _____

____ four payments of \$1118.75 to be paid by the 15th of the month on the following months: _____

____ twelve monthly payments of \$373 to be paid by the 15th of each month starting _____ and ending _____.
mo/yr mo/yr

CHOOSE ONE:

____ Please charge my credit/debit card for half of the tuition now and the remaining payments on each of the above listed dates.

____ Enclosed is a check for half of the tuition. Please charge my credit/debit card for the remaining payments on each of the above listed dates.

OPTION THREE:

If you need to discuss creating a payment plan other than the options listed above, please contact Michael Aldinger at 405-343-7211 as soon as you have applied. A \$100 service fee is assessed for customized plans beyond 12 months.

Note: Students must have a signed and approved payment plan on file at the home office and have made their first payment prior to the first day of training or a \$50/week late fee will be charged.

____ I agree to the above-checked payment plan and authorize charges as indicated.

Name on card _____ Date: _____

Billing Address: _____
(Street address, city, state and zip code.)

Cell Phone _____ Second Number _____
(Please include area code)

E-mail address _____

Circle: Debit, Visa, MC, Amex, Discover #: _____ Expiration Date _____

Numbers on back of card _____ Signature: _____

If creating a custom payment plan (Option Three above), the completed plan must be signed and returned to the address at the top of this form within five (5) days of your receipt of it, or the plan will be considered null and void. Thank you.

For questions on this form contact: Michael Aldinger (405) 343-7211 mdaldinger@gmail.com