



Mail this form to:  
LifeWays North America  
C/O Michael Aldinger  
9626 Allegheny Drive,  
Sacramento, CA 95827

TRAINING LOCATION: \_\_\_\_\_ YEAR STARTING: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTE:** To earn the **Early Enrollment Discount of \$225:**  
Student's application and \$75 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 \$5250 which covers \$4000 tuition, \$600 mentor fee and \$650 supply fee.

\_\_\_\_\_ Enclosed is a credit or debit card payment for \$5250 (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 (\$2625) and I will pay the remaining \$2625 with the following payment plan:

\_\_\_\_\_ two installments of \$1312.50 to be paid on the following dates: \_\_\_\_\_

\_\_\_\_\_ four payments of \$656.25 to be paid by the 15<sup>th</sup> of the month on the following months: \_\_\_\_\_

\_\_\_\_\_ twelve monthly payments of \$218.75 to be paid by the 15<sup>th</sup> 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 the LifeWays office 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](mailto:mdaldinger@gmail.com)