



Mail this form to:
LifeWays North America
C/O Michael Aldinger
9648 Linda Rio Drive,
Sacramento, CA 95827

TRAINING LOCATION: CA SF Bay Area YEAR STARTING: _____

APPLICANT NAME: _____ DATE: _____

*To earn the **Early Enrollment Discount of \$225:**
Your application and \$75 fee must be received AND Contract and
Payment Plan must be approved, signed and returned **by the early enrollment deadline.***

PAYMENT PLAN OPTIONS

OPTION ONE – Payment in Full:

- ____ Enclosed is a check to LifeWays for \$5750 which covers \$4400 tuition, \$600 mentor fee and \$750 supply fee.
- ____ Enclosed is a credit/debit card payment for \$5750 (see credit/debit card information below).

OPTION TWO - Installment Payment Plan: A \$100 service fee is charged for 12 month plans; reduced to \$50 if an initial 50% (\$2875) payment is made.

____ Enclosed is a check to LifeWays North America or credit/debit card authorization (see card info below) for \$1530 (\$1430, 25% of the tuition and fees plus \$100 service fee). I will pay the remaining \$4320 with twelve monthly payments of \$360 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 \$1530 of the tuition and fees now and the remaining payments on each of the above listed dates.
- ____ Enclosed is a check for \$1530 of the tuition and fees. Please charge my credit/debit card for the remaining payments on each of the above listed dates.
- ____ Other options for payment of the above (choose one): ____ PayPal; ____ Billpay; ____ ACH; ____ Postdated Checks

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. An additional \$100 fee is assessed for customized plans beyond 12 months.

Note: To be able to attend the training you must have on record your signed and approved payment plan, contract and first payment prior to the first day of training.

____ 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 emailed to the address below or 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