



Mail or email this form to:
LifeWays North America
c/o Michael Aldinger
9648 Linda Rio Drive
Sacramento, CA 95827
mdaldinger@gmail.com

LifeWays Early Childhood Fundamentals Course Payment Plan

APPLICANT NAME: _____ DATE: _____

Location and Start Date: _____

PAYMENT PLAN OPTIONS

OPTION ONE –Payment in Full Prior to Start of Course:

___ Enclosed is a check or credit/debit card authorization (see card info below) to LifeWays North America for \$1,500
___ Enclosed is a check or credit/debit card authorization (see card info below) to LifeWays North America for \$500. I will pay the remaining \$1,000 tuition on _____, prior to the start of the course.

OPTION TWO - Installment Payment Plan:

___ Enclosed is a check or credit/debit card authorization (see card info below) to LifeWays North America for \$250.
I will pay an additional \$550 before the start of the course on _____
I will pay the remaining \$750 (includes \$50 processing fee for term payments)
___ twelve monthly payments of \$62.50 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 the initial payment and for the remaining payments on each of the above listed dates.
___ Enclosed is a check for the initial payment. 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: Individualized Payment Plan

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.

___ 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)

Email address: _____

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

Security Code: _____ Signature: _____

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