



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 \$1,200  
 Enclosed is a check or credit/debit card authorization (see card info below) to LifeWays North America for \$100 deposit.  
I will pay the remaining \$1100 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 \$100 deposit.  
I will pay an additional \$500 before the start of the course on \_\_\_\_\_  
I will pay the remaining \$650 (includes \$50 processing fee for term payments)  
\_\_\_\_\_ twelve monthly payments of \$54.17 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 \$100 deposit and for the remaining payments on each of the above listed dates.  
 Enclosed is a check for \$100 deposit. 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)

E-mail 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](mailto:mdaldinger@gmail.com)