



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

TRAINING LOCATION: \_\_\_\_\_ 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 \$5850 which covers \$4500 tuition, \$600 mentor fee and \$750 supply fee.  
\_\_\_\_ Enclosed is a credit/debit card payment for \$5850 (see credit/debit card information below).

**OPTION TWO - Installment Payment Plan:** A \$100 service fee is assessed for 12 month plans; reduced to \$50 if an initial 50% (\$2925) payment is made.

\_\_\_\_ Enclosed is a check to LifeWays North America or credit/debit card authorization (see card info below) for \$1562.50 (\$1462.50, 25% of the tuition and fees plus \$100 service fee). I will pay the remaining \$4387.50 with twelve monthly payments of \$365.63 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 \$1562.50 of the tuition and fees now and the remaining payments on each of the above listed dates.  
\_\_\_\_ Enclosed is a check for \$1562.50 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), your 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](mailto:mdaldinger@gmail.com)