



Enheartening Lives, Awakening Purpose

Mail this form to:
Lifeways NA
c/o Kari Cottrell
PO Box 4035
Overland Park, KS
66204

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 Kari Cottrell at finances@lifewaysnorthamerica.net 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: Kari Cottrell at finances@lifewaysnorthamerica.net