

# Payment Agreement

We are happy to be able to offer an interest free payment plan to participants in our **Focusing Levels 2 through 4 Package**. To offset the cost of administering plans, we charge a small processing fee based on the duration of your payment plan (*see below*).

## PROGRAM GUIDELINES:

Payments are due monthly on the same day each month. Please let us know your preferred payment date in the space provided below. Payments will be charged monthly until the balance is paid in full. If you have extenuating circumstances that make other arrangements necessary, please contact our office directly to discuss. We are committed to making our programs as accessible as possible.

*Declined charges are assessed a \$10 fee.* Be sure to update credit card information with new expiration dates or notify our office in the event that you close an account or change credit card numbers for any reason.

Please fill out two copies of this form, sign and date, and return one copy with your credit card information, or fill out one copy and fax to 510-225-0990 with credit card information or send by mail to our office (*address below*).

**PAPERWORK IS DUE WITHIN 5 DAYS OF YOUR REGISTRATION.** Please return paperwork promptly.

## PAYMENT PLAN AGREEMENT DETAILS:

For value received, I agree to pay to the order of **Focusing Resources** the total sum (*including processing fees*) of \$820 for 4 payments OR \$845 for 10 payments, as indicated by my choice below, for the **Focusing Levels 2 through 4 Package**.

### PAYMENT PLAN OPTIONS (*please check one*):

- \$820 - 4 payments of \$205  
 \$845 - 10 payments of \$84.50

*(price includes processing fees of \$25 for the 4 payment option and \$50 for the 10 payment option)*

### PAYMENT SCHEDULE:

First payment was processed with your order (unless other arrangements were made). Remaining payments will occur monthly on the \_\_\_\_\_ of each month for the duration of the payment plan.

### PAYMENT METHOD:

- Please charge my credit card on the dates listed (Visa, MasterCard, or American Express)

### FOR CREDIT CARD PAYMENTS:

Card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

I understand that I am committed to these payments even if I withdraw from the program (if my withdrawal is after the non-refundable date for a course). I further agree that in the event I am unable to fulfill the terms of this agreement, I will call Focusing Resources at 510-225-0690 and re-negotiate a new agreement.

Signature

Print Name

Date