

# Payment Agreement

We are happy to be able to offer an interest free payment plan to our program participants. To offset the cost of administering plans, we charge a processing fee of \$50 for Treasure Maps payment plans.

**PROGRAM GUIDELINES:**

The amount paid now is at least the workshop deposit.

The full cost of room and board must be paid by the start of the workshop (the initial deposit can be applied against this total).

The remainder of the cost of your workshop can be paid in regular monthly installments of 10% of the total cost of your payment agreement. All payments must be complete one year from today.

**For All Payment Agreements**

As you set up your payment schedule, please plan to pay on or about the same day each month and do not skip months. 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 checks or credit card information, or fill out one copy and fax to 510-225-0990 with credit card information.

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**PAYMENT PLAN AGREEMENT DETAILS:**

For value received, I agree to pay to the order of **Focusing Resources** the total sum (*I have added the processing fee of \$50*) of \_\_\_\_\_ for \_\_\_\_\_ (workshop, etc.) in the following installments:

**PAYMENT SCHEDULE:**

\_\_\_\_\_ now  
\_\_\_\_\_ on \_\_\_\_\_  
\_\_\_\_\_ on \_\_\_\_\_  
\_\_\_\_\_ on \_\_\_\_\_  
\_\_\_\_\_ on \_\_\_\_\_  
\_\_\_\_\_ on \_\_\_\_\_  
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\_\_\_\_\_ on \_\_\_\_\_  
\_\_\_\_\_ on \_\_\_\_\_  
\_\_\_\_\_ on \_\_\_\_\_  
\_\_\_\_\_ on \_\_\_\_\_

**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 workshop if my withdrawal is after the non-refundable date. 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.

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Signature

Print Name

Date