

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 small processing fee based on the overall total of your payment plan (*see below*).

PROGRAM GUIDELINES:

If total is \$500 or less, please add a \$25 processing fee to your total plan sum

Please plan to pay at least \$50 for the first payment which is due upon receipt of your payment agreement. The remainder of the cost of your class can be paid in regular monthly installments of no less than \$50 per month.

If total is \$501 or more, please add a \$50 processing fee to your total plan sum

Please plan to pay at least 10% of the total cost of the workshops/trainings you are including on the payment agreement. The remainder of the cost of your classes can be paid in regular monthly installments of 10% of the total cost of your payment agreement.

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.

PAYMENT PLAN AGREEMENT DETAILS:

I agree to pay to the order of **Focusing Resources** the total sum (*I have added the applicable processing fees*) of _____ for _____ (workshop, etc.) in the following installments:

PAYMENT SCHEDULE:

_____ now
_____ on _____
_____ on _____
_____ on _____
_____ on _____
_____ on _____
_____ on _____
_____ on _____
_____ on _____
_____ on _____
_____ on _____
_____ on _____

PAYMENT METHOD:

- I enclose checks filled out for the dates listed.
 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.

Signature

Print Name

Date