



PAYMENT PLAN AGREEMENT INSTRUCTIONS

The following page includes our payment plan agreement form.
Please follow these guidelines when completing and submitting your form:

1. Download a copy of this form. Either print to fill in or electronically complete all fields in **blue**.
 1. Chart at top of page must be completed. Make sure to include tuition value, any applicable discounts, and the appropriate processing fee as it relates to your specific plan and program. All of the needed figures for the chart should be obtained from the Teacher Training Coordinator by emailing teachertraining@yogashaktistudio.com
 2. If you have already registered and paid your deposit, make sure to subtract the \$500 value when figuring your subtotal. Again, all numbers provided in the chart should match the information you obtained from teachertraining@yogashaktistudio.com
 3. Read through the document carefully. If you have any questions about the terms and conditions, please contact teachertraining@yogashaktistudio.com
 4. Complete the bottom half of the form. Make sure to provide correct credit card information to set up your auto-pay for the amount(s) specified in the chart at the top of the page.
 5. Sign and Date the form
6. Once the form is complete, you may upload the finished copy on our website using the following link: [PAYMENT PLAN SUBMISSION](#). Scanned pdf's or photo files can be accepted for submission to complete the process.



PAYMENT PLAN AGREEMENT
YOGA TEACHER TRAINING AND ADVANCED STUDIES PROGRAMS

PROGRAM	TUITION	REGISTRATION DEPOSIT	APPLICABLE DISCOUNT[S]	SUBTOTAL	FINANCING/PROCESS FEE < 3 MO = \$ 75 / > 3 MO = \$150	BALANCE DUE
200 HR		\$500				
300 HR		\$500				
OTHER						

Congratulations! You have registered for the Yoga Shakti Teacher Training Program as selected (please circle) above.

- Application and Registration:** Teacher Training Program Application (“Application”) must be completed, dated, signed and submitted to Yoga Shakti Wellness Center along with required deposit (“Deposit”).
- Payment and Deposit Requirements:** A completed Application along with \$500 non-refundable Deposit [cash, check or credit card] to apply toward tuition is required in order to register.
- Non-refundable Deposit:** Is due on or before the first day of your scheduled Teacher Training program.
- Full tuition amount:** Is due on or before the first day of your scheduled Teacher Training program unless prior payment arrangements are made in advance as outlined under “Payment Plans” below. Your tuition balance and any fees due must be paid in full prior to receipt of certification. Unless otherwise agreed, payment is due in full prior to your designated completion date.
- Early Registration Discount:** May apply if deadline requirements are met as determined by Yoga Shakti Wellness Center representative.
- Payment Plans:** Weekly or Monthly payment plans must be established upon payment of the required Deposit. All payment plans are to be arranged through automated charges to either a credit card or debit card.
 - Processing fees of **\$75.00** will apply to all payment plans 3 months or less in duration;
 - Processing fees of **\$150.00** will apply to all payment plans over 3 months;
 - Additional payments can be made toward your balance by cash or check at anytime;
 - Returned check fees of **\$25.00** will be assessed for any returned check.

PAYMENT PLAN AGREEMENT

On this day, _____, I, _____, agree to pay to Yoga Shakti Wellness Center, the required amount in full for my Yoga Teacher Training Program by the date of graduation. I understand I will not receive my teaching certificate until the balance has been paid in full. I agree and consent to having Yoga Shakti Wellness Center charge my debit or credit card (information below) in the amount of \$ _____ every month on the _____ of each month until the remaining balance owed is paid in full.

CREDIT CARD INFORMATION

American Express MasterCard Visa Other: _____
(Name of Card Carrier)

Credit Card Number: _____ Expiration Date: _____
(MM/YYYY)

Authorized Signature of Cardholder: _____ Name As It Appears On Credit Card: _____
(Please Print)