

Payment Plan Authorization Form



I, _____, give permission to Everyone Deserves Sex Ed (EDSE) to charge my card for the purchases listed below. My card details will be stored securely by EDSE and will only be used for approved purchases.

The Accelerator price I choose:

- Equity Price - \$1,195 Regular Price - \$1,995 Pay it Forward Price - \$2,295

According to what I selected above, I understand I will be charged:*

Equity Price: 8 monthly payments of \$130.63

Regular Price: 8 monthly payments of \$230.63

Pay-it-Forward Price: 8 monthly payments of \$268.13

*This is the cost after the required \$150 deposit has been made.

Billing address: _____

Cardholder name: _____

Card number: _____ Exp. _____ CVV: _____

Cardholder signature: _____ Date: _____

Cardholder email: _____

This card will be charged on the 1st of the month for 12 months. This payment plan will commence on the 1st of the month following submission of this form. To amend this payment plan, please email hello@everyonedeservessexed.com.

Please submit this form to hello@everyonedeservessexed.com.

Customer signature: _____ Date: _____