

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 certification rate I choose:

- Standard Rate - \$4495
- Equity Rate - \$3495
- Accessibility Rate - \$2995

I choose to bundle my certification with:

- Sexual Attitude Reassessment (SAR)
- Sex Ed Accelerator
- Sexual Attitude Reassessment (SAR) + Sex Ed Accelerator
- NO BUNDLE

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

Standard Rate: 12 monthly payments \$312.08

- SAR bundle: 12 monthly payments of \$351.67
- Accelerator bundle: 12 monthly payments of \$453.33
- SAR + Accelerator bundle: 12 monthly payments of \$492.92

Equity Rate: 12 monthly payments \$228.75

- SAR bundle: 12 monthly payments of \$268.33
- Accelerator bundle: 12 monthly payments of \$370
- SAR + Accelerator bundle: 12 monthly payments of \$409.58

Accessibility Rate: 12 monthly payments \$187.08

- SAR bundle: 12 monthly payments of \$226.67
- Accelerator bundle: 12 monthly payments of \$328.33
- SAR + Accelerator bundle: 12 monthly payments of \$367.92

*This is the monthly cost after the required \$750 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, please email hello@everyonedeservessexed.com.

Customer signature: _____ Date: _____