Remaining Balance Authorization Form



	_, give permission to Everyone Deserves Sex Ed (E ed below. My card details will be stored securely by	
will only be used for approved purchas	ses.	
The certification rate I choose:	I choose to bundle my certification with:	
☐ Standard Rate - \$4495	☐ Sexual Attitude Reassessment (SAR)	
☐ Equity Rate - \$3495	☐ Sex Ed Accelerator	
☐ Accessibility Rate - \$2995	☐ Sexual Attitude Reassessment (SAR) + Sex Ed A	Accelerator
= / lococolomity ratio	□ NO BUNDLE	
According to what I selected	d above, I understand I will be charged:*	
Standard Rate: \$3,745	Equity Rate: \$2,745	
• SAR bundle: \$4,220	• SAR bundle: \$3,220	
Accelerator bundle: \$5,440SAR + Accelerator bundle:	, ,	
Accessibility Rate: \$2,245		
Billing address:		
Cardholder name:		
Card number:	Exp C\	/V:
Cardholder signature:	Date:	
Cardholder email:		
This card will be charged on the 1st of the month before Day 1 of the program. Please submit this form to: hello@everyonedeservessexed.com. Please use this email address for any billing-related communication.		
Customer signature:	Date:	