

## Ho'omālie Wellness and Massage

P.O. Box 3493, Idaho Falls, Idaho 83403

hoomaliehealing@gmail.com

(208) 206-4200

### Payment Plan/Options

Thank you for the opportunity to work with you in creating the best energy exchange possible. At Ho'omālie Wellness & Massage we believe that increasing in knowledge should have options available to pursue higher learning in an honest and affordable way. Please refer to the outlining requirements of a 6 month, 12 month or custom payment options.

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Best form of communication?

Email    Phone Call    Text    Letter

What class are you requesting payment plan/options for? \_\_\_\_\_

Payment Plan Option:

6 month    12 month    Custom Plan \_\_\_\_\_ (Authorizing Initial)

#### 6 month payment plan:

- \$100 non-refundable deposit (for each class) to be paid before first day of class
- ½ of tuition due by first day of class
- Monthly payments of no less than \$50 due the 1<sup>st</sup> of each month
- An interest rate of 8% will be applied to remaining tuition amount each consecutive month until payment is completed by the 6<sup>th</sup> month after class is completed

Total Cost of Investment: \_\_\_\_\_

Non-Refundable Deposit: \_\_\_\_\_ Amount of Tuition Paid: \_\_\_\_\_

6 Month Payment Plan				
Month	Payment Type	Amount	8% Interest	Total Amt Due
1				
2				
3				
4				
5				
6				
<b>Date Completed:</b>				

**12 month payment plan:**

- \$100 non-refundable deposit (for each class) to be paid before first day of class
- ½ of tuition due by first day of class
- Monthly payments of no less than \$50 due the 1<sup>st</sup> of each month
- An interest rate of 8% will be applied to remaining tuition amount each consecutive month until payment is completed by the 12<sup>th</sup> month after class is completed

Total Cost of Investment: \_\_\_\_\_

Non-Refundable Deposit: \_\_\_\_\_ Amount of Tuition Paid: \_\_\_\_\_

12 Month Payment Plan				
Month	Payment Type	Amount	8% Interest	Total Amt Due
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
<b>Date Completed:</b>				

**Custom Payment Plan:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It is my understanding that upon review of this legal and binding document I agree to abide by these terms and conditions whether as outlined or agreed upon in a custom payment plan. \_\_\_\_\_ (Initial)

I understand that this scheduling of payment is my responsibility and will keep in communication if an adjustment to payment plan is different than what is outlined or agreed upon. \_\_\_\_\_ (Initial)

I understand that if payment is not made by the 1<sup>st</sup> of each month, without first being in communication with class instructor, an additional 2% interest charge will be applied bringing the interested total to 10% for that month's pay period. If payment is not received by the 4<sup>th</sup> of the month the 10% monthly interest rate will hold for the rest of the contract. \_\_\_\_\_ (Initial)

I understand that this application is not an approved document of Vianna Stibal (founder of ThetaHealing), THInK (ThetaHealing Institute of Knowledge®, ThetaHealing®, ThetaHealing™, and do not hold the aforementioned, employees, or affiliates responsible for this form or my financial responsibility. \_\_\_\_\_ (Initial)

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Date Approved/Denied: \_\_\_\_\_

Notes: