**Inlumino Inc.**

**(DBA) TEACHERBUILDER.COM**

**PROGRAM FEE**

**AUTHORIZATION AGREEMENT**

**DIRECT PAYMENTS (ACH DEBITS)**

I (we) hereby authorize Teacherbuilder.com, hereinafter called COMPANY, to debit entries to my credit card or debit card indicated below and to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Type of Credit Card:  MasterCard  Visa  Discover  American Express

Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration date: Security Code (Located on the back of the credit card-3 digits):

Name as it appears on card:

Billing address: City: Zip code:

Registration Fee/Payment Options

Pay in Full Payment Plan Option (A) $465.00 Payment Plan Option (B) $465.00



$265.00 1st payment $165.00 1st payment

$200.00 2nd payment $150.00 2nd payment

$150.00 3rd payment

**\*Please select day for next payment**. **\*Please select day for next payment.**

**1st of the month  15th of the month** **1st of the month  15th of the month**

Please Check Below

* Cash
* Credit Card
* Paid in FULL
* Payment Plan

**Please note: A $50 fee will be imposed for any declined transaction**

\*PLEASE NOTE: The $465 is a two month process, if you require additional months to complete the pre-internship you may do so at a cost of $200 per month. Up to $1,065 will be credited to you once you begin internship.

\* ALL FEES NON-REFUNDABLE

**As the candidate it is my responsibility to notify the company- Teacherbuilder.com – of any changes to or account holds I make to my financial institution as well as any transactions not being withdrawn from my account. I understand that not notifying TeacherBuilder.com can result in additional late fees and/ or termination from the Alternative Certification Program.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print Individual Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last 4 of SS)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date)