Take up to 3 months to pay for Reiki I and II or up to 7 months to pay for Usui/Holy Fire Reiki Master or Holy Fire Karuna *after* your deposit is paid. You may also start paying for your class up to 7 months in advance. You will receive your certificate when the final payment is made. **You can type in this document. Please type it up and email it back as a Word document.**

Note: **Do not use a locked card for these payments,** as we cannot guarantee the date the payment will be processed. If your card is declined twice, your payment plan becomes due in full immediately.

|  |  |
| --- | --- |
| Name as it appears on card |  |

|  |  |
| --- | --- |
| Credit Card Number (fill in all but last 4 digits and send that by a separate email) |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Exp Date |  | Zip code |  | 3 digit code |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Address |  | City |  | State |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Email |  | Cell phone |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Balance Due for Class** |  | **Class Name** |  | **Class Date** |  |

***Payments are normally*** ***run on Monday.***

|  |  |  |  |
| --- | --- | --- | --- |
| Amount to Charge - #1 |  | Requested Charge Date |  |
| Date charged at Karen’s office |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Amount to Charge - #2 |  | Requested Charge Date |  |
| Date charged at Karen’s office |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Amount to Charge - #3 |  | Requested Charge Date |  |
| Date charged at Karen’s office |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Amount to Charge - #4 |  | Requested Charge Date |  |
| Date charged at Karen’s office |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Amount to Charge - #5 |  | Requested Charge Date |  |
| Date charged at Karen’s office |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Amount to Charge - #6 |  | Requested Charge Date |  |
| Date charged at Karen’s office |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Amount to Charge - #7 |  | Requested Charge Date |  |
| Date charged at Karen’s office |  |

**I authorize these charges to be paid to Karen Harrison with my typed signature name and date.**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |