



**Facilitator Registration Form**  
**PLEASE TYPE or PRINT NEATLY**  
**Form must be signed regardless of fee collection method**  
**FAX TO 207-221-3691** (no cover sheet required)

Organization Name: \_\_\_\_\_ Law Firm (y/n)? \_\_\_

Mail Address: \_\_\_\_\_  
Number & Street Suite City State Zip

Phone: (\_\_\_\_) \_\_\_\_\_ Fax (required): (\_\_\_\_) \_\_\_\_\_

Administrative Email: \_\_\_\_\_

Name of Primary Facilitator: \_\_\_\_\_ Title: \_\_\_\_\_

To ensure we have sufficient capacity, how many clients are you likely to refer for services each month, on average? \_\_\_\_\_

Do you wish to participate in a training teleseminar to learn how to use our program (recommended)? \_\_\_ Yes \_\_\_ No

How did you learn about the Institute? \_\_\_\_\_

**Fee Collection Method:** *Please note: We are not charging Facilitators for services rendered to Clients. Facilitators are third parties that wish to help Clients sign up for services with the Institute. In order to smooth the process for Clients, by signing below Facilitator agrees to collect the Institute's fee for services from the Client and hold those fees in trust (or escrow) until they are collected by the Institute. Facilitator also agrees not to charge the Client additional fees related to the Institute's services. Facilitator has indicated below how the Institute should collect those Client fees held in trust or escrow from Facilitator. The Institute for Financial Literacy provides services to clients without regard to the ability to pay. If a Facilitator believes that a Client is unable to pay for the Institute's services, call the Institute at 207-221-3605 for instructions before signing the Client up for services.*

Indicate Fee Collection Method:

Visa	Master Card	Discover	AMEX	ACH/EFT _____ Checking _____ Savings	Weekly Invoice
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Name as it appears on card/account: \_\_\_\_\_

Card/Acct Number: \_\_\_\_\_

Routing # (ACH/EFT only): \_\_\_\_\_ Expiration (card only): \_\_\_\_/\_\_\_\_

Address Verification (address on account, required by Financial Institution for both cards and ACH/EFT):

\_\_\_\_\_  
Number & Street Suite City State Zip

By signing below, I authorize the Institute for Financial Literacy to collect fees from me using the method identified above on a weekly basis, in an amount to be determined based on the number and type of services that I have signed Clients up for during the relevant billing period. I will be faxed a list of these services itemized by Client and type of service on a weekly basis, regardless of fee collection method.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

Entered

Emailed

Mktg/Org

Account #

**FORM MUST BE SIGNED REGARDLESS OF FEE COLLECTION METHOD**