

Sign Up
for
Takoma Metaphysical Chapel's
Auto-Tithe Program
and receive a
20% reduction
off the final cost of participating class purchases*!

* Offer good at the discretion of the class instructor

A minimum Auto-Tithe commitment of \$25/month for 6 consecutive months, required to qualify



Auto-Tithe

Enrollment Form
AUTOMATIC CHARGE AUTHORIZATION

Credit/Debit Card

PLEASE COMPLETE THE FOLLOWING: *Please print clearly.*

_____ This is my first time enrolling in the Takoma Metaphysical Chapel (TMC) Auto-Tithe program.

_____ I have participated in the TMC Auto-Tithe program in the past.

My previous plan ended around _____

As my financial pledge to the TMC, and in lieu of my credit/debit card imprint,

(print name as it appears on your card)

hereby authorize TMC to initiate charges to my _____,
(Visa, MC, AMEX or Discover)

card number _____, expiration date _____

Monthly / Bi-Monthly / Weekly (please circle one)

Transfer Date(s)/Day(s): _____

Make my charges begin on: _____ . (May take 5 business days to activate 1st Auto-Tithe)

- | | | | | |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> \$50 | <input type="checkbox"/> \$75 | <input type="checkbox"/> \$100 | <input type="checkbox"/> \$150 | <input type="checkbox"/> \$200 |
| <input type="checkbox"/> \$250 | <input type="checkbox"/> \$300 | <input type="checkbox"/> \$400 | <input type="checkbox"/> \$500 | <input type="checkbox"/> Other _____ |

Name (if different from name on account) _____ SS# (optional) _____

Mailing/Billing Address _____

City _____ State _____ Zip _____

Telephone (Day) _____ (Night) _____

Email Address _____

This authority is to remain in full force and effect until the TAKOMA METAPHYSICAL CHAPEL has received written notification from me of its termination in such time and in such manner as to afford the TAKOMA METAPHYSICAL CHAPEL a reasonable opportunity to act on it, such time to be not less than the (5) business days prior to the next scheduled transaction.

By signing below, I acknowledge the charges described here on. Payment in full to be made when billed, or in extended payments in accordance with the standard policy of the company issuing the credit card.

Signed _____ Signed* _____

Date _____ Date _____

(*Note: if this is a joint account, both parties must sign.)