

Auto-Contribution Agreement

VISIBLE BELIEF EDUCATION FOUNDATION

17226 Mercury #108 - Houston, Texas 77058
281.282.9400 | www.visiblebelief.org | 832.224.4648 (fax)

APPLICANT INFORMATION:

Last Name: _____ First Name: _____ M.I. _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____

Social Security or Tax ID: _____ Email Address: _____

Date of Birth: _____ Driver's Lic #: _____

PAYMENT INFORMATION:

_____ CHECK or _____ CREDIT CARD

Bank Name: _____

Routing Number: _____

Account Number: _____

Credit Card Type:

__VISA __MASTERCARD __DISCOVER __AMEX

Name On Card: _____

Credit Card Number: _____

Expiration Date: _____ 3-4 digit code on back: _____

Auto-Contribution Agreement

VISIBLE BELIEF EDUCATION FOUNDATION

AUTO RENEW, AUTO RENEW CANCELLATION AND REFUND POLICY:

Please read thoroughly and your signature indicates your compliance and agreement with all policies.

I understand that at the end of the agreement period, the agreement will auto-renew for the same period. Auto-renewal will continue for specified period unless notice of cancellation is provided in writing 21 days prior to the next contribution date.

As a benefactor of Visible Belief Education Foundation (VBEF) and subscriber to the Auto-Contribution Agreement, I agree that I must notify VBEF in writing of my cancellation at least 21 days before the next contribution to stop billing charges for that period. All cancellations must be made to VBEF in writing, fax to 832-224-4648 or mail.

VBEF reserves the right to cancel this agreement with 21 days written notice to the contributor. Cancellation or changes to the agreement will be communicated to the contributor in writing via mail or email.

I understand that once contributions have been made they are non-refundable.

APPLICATION SIGNATURES:

Your signature below indicates that you have carefully read and agree to the above application and that you willingly accept all the terms herein and conditions of the organization Policies and Procedures.

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE OF CARD HOLDER: _____ DATE: _____
(if different from applicant)

VISIBLE BELIEF EDUCATION FOUNDATION AUTO-CONTRIBUTION AGREEMENT:

I would like to enroll immediately for my auto-pay to VBEF at the selected rate of _____ per monthly/quarterly/biannually/annually. Thereafter, a contribution of \$_____ will occur monthly/quarterly/biannually/annually until notice of cancellation has been given as outlined above in Auto Renew, Auto Renew Cancellation and Refund Policy. The recurring contribution of \$_____ will begin on _____ and will be charged each monthly/quarterly/biannually/annually on _____.

I hereby understand and authorize VBEF to directly debit my account as indicated on this form for the amount indicated above for my Monthly/Quarterly/Biannual, Annual Auto Debit. I further authorize VBEF to execute a continuing debit of \$_____ monthly/quarterly/biannually/annually. I agree that I am responsible for payment of this monthly/quarterly/biannual/annual debit. By signing this agreement, I agree that I have read and agree to the Auto Renew, Auto Renew Cancellation and Refund Policy and have reviewed my privileges and verify that such privileges have been explained to me to my full satisfaction.

AUTO-CONTRIBUTION OPTIONS:

PRANA (monthly) <i>name listed on website</i>	MAHAT (quarterly) <i>name listed on website</i>	RAJA (biannual) <i>name listed on website, 6 months yoga for a friend, sponsor 1 student at 1 year PIF</i>	PARA (annual) <i>name listed on website, 1 year yoga, sponsor 1 student at full Acharyarupa or 2 students at Vira 1 level</i>
\$27	\$504	\$2,504	\$12,006
\$54	\$1,008	\$5,040	\$25,002
\$108		<i>(additional 1 year yoga scholarship)</i>	<i>(additional 1 year yoga scholarship)</i>

Date of Agreement: _____

Contribution Amount: _____