



Authorization Agreement for Automatic Payment To Potomac Massage Training Institute
 Potomac Massage Training Institute
 8380 Colesville Rd
 Silver Spring, MD 20910
 202-686-7046

I/We hereby authorize Potomac Massage Training Institute (PMTI) to initiate monthly deductions from my/our VISA or MasterCard, Credit Or Debit Card indicated below, for amounts indicated below. These deductions will be made on the first of each month and no later than the 10th of each month.

Monthly Donation Amount: _____ Duration: 6 Months 12 Months

Name Of Individual or Organization: _____

Name on card (if different): _____

Billing Address: _____

Phone Number: _____ Email: _____

Card Number: _____ Exp Date: _____ Security Code: _____

I/We understand this authority is to remain in full force and effect until PMTI has received written notification from me (or either of us) of its termination in such time and such manner as to afford PMTI up to one month to act on it. Furthermore, I/we agree to maintain adequate balance in my/our account to cover my/our monthly donation. You will receive donation receipts via email and letter to your mailing address.

Name of donor(s): _____

Signature of donor(s): _____ Date: _____

Cardholder Name (if different): _____

Cardholder Signature (if different): _____ Date: _____

The PMTI Faculty & Staff thanks you for your generous contribution!

Potomac Massage Training Institute is recognized as a nonprofit organization by the IRS. IRS Code: Section 501(c)(3) Tax Identification Number: 52-1124583