

Transcendental Meditation® for Women

1770 Brahmanand Saraswati Boulevard

Fairfield, IA 52556

Phone: 641-209-1848 Fax: 641-472-1734 Email: info@TM-Women.org

Deferred Payment Agreement – Credit Card

Name of Course/Program: _____ Total Fee: \$ _____

Name of Participant: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

For value received, I hereby authorize GMDO - USA to charge my credit card indicated below for a total amount of \$_____. This amount shall be charged in a maximum of four payments: an initial payment of \$ _____ and subsequent equal payments of \$_____ paid on each of the next three months or _____ paid every other month. I understand and agree that I may not cancel this payment plan, or stop charges to my credit card for any reason once I have begun to receive the service my credit card is being charged for, (although I may prepay the entire balance at any time).

I also agree that there will be no refunds provided by GMDO - USA once personal instruction is received on the day of private instruction.

I have read and understood the GMDO - USA payment and refund policy and authorize my credit card to be charged for the amounts and course/program listed above.

Signed this ____ day _____ 20____ By _____

Approved on behalf of GMDO – USA

Credit card information:

Print Name (as it appears on my credit card): _____

Please check only one: ___ Visa ___ MC ___ AmEx ___ Discover Exp. Date: _____
Month Year

Credit Card #: _____ – _____ – _____ – _____ Card Security Code: _____

Cardholder's Signature: _____ Date: _____

Note: The charge on your credit card statement will appear as "GMDO."

TM Instructor: _____ Location: _____

For any questions, please email: finance@gmdousa.org or call 641-209-1848.