

Shabad Guru Courses
Shabad of the Month Membership
Automatic Payment Authorization Form

I authorize Shabad Guru Courses to initiate a monthly payment using the terms indicated below:

Amount: \$11 USD per month

Monthly Payment Date: _____ day of each Month

Enter the date you prefer to have the payment withdrawn or charged.

Beginning Payment Date: _____ (Month and Year)

Enter the date you would like to the membership to start.

Ending Date: This payment authorization is to remain in full force and effect until I notify Shabad Guru Courses of its cancellation using the methods outlined in the cancellation policy below

Payment Method: eCheck or Credit Card (*Choose only one option below*)

A. Bank Information for eCheck (US & Canadian banks only)

Routing Number: _____

Account Number: _____

Account Type: ___ Checking ___ Savings ___ Business

B. Credit Card Information (International Customers must choose this option)

Credit Card Number: _____

Expiration Date: ___ / ___ (Month & Year) CVC Code: _____ (3 Digits on back of card)

Name on Credit Card: _____

Billing Address: _____

City, State: _____

Zip Code & Country: _____

Cancellation Policy: You may cancel this membership subscription at any time by sending a notice of cancellation to gkk@shabadgurucourses.com. The cancellation will be processed by the bank so may take 7-10 days to process. In order to stop the next payment from occurring please let us know 10 days before it is scheduled.

I certify that I am authorized to make this automatic payment as listed above:

Customer Signature: _____

Customer Legal Name: _____

Customer Spiritual Name: _____

Date: _____