

Journey to the Soul™ Financial Arrangements Form

July 19 – July 23, 2015

Please type in your information, print, sign and mail or fax.

Option A – Pay in full with a check (US Dollars)

Option B – Pay in full with a credit/debit card

I hereby confirm that I have read and understand the Refund Policy and agree to the financial arrangement chosen above. If I have chosen credit/debit card payment, I authorize The Seat of the Soul Institute to charge a total of \$_____ to my credit/debit card. If your credit card is declined we may charge a fee of \$50 to cover any processing fees.

Signature: _____ Date: _____

CREDIT/DEBIT CARD INFORMATION Check this box if billing information below is new

Full Name on Credit/Debit Card	
Credit Card/Debit Billing Address	
City	
State / Province	
Postal Code	
Country	
Billing Phone #	
Email	

Send cancellation/refund requests in writing to the Seat of the Soul Institute (via email, fax, or letter). Requests received by 11/15/2014 will receive a full refund less a \$350 fee. Requests received between 11/16/14 and 6/1/15 will receive a 50% refund. There are NO refunds for cancellation requests received after 6/1/15.

Entire Card Number

Expiry Date

Card Code*

* 3-digits on the back of Visa, MasterCard & Discover in the signature area. American Express is 4 digits on front.

VISA / Master Card American Express Discover

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