

# Payment Authorization form

I, \_\_\_\_\_, give permission to CIRCES International, Inc dba Templar Research  
Name

Institute to charge my card for the following purchase. My card details will be stored in my profile and will only be used for approved purchases.

		Annual Dues
Amount authorized	Cardholder email	Approved Product/Service

All fields required

## Card information

### Card type

- ☐ MasterCard
- ☐ Discover
- ☐ VISA
- ☐ AMEX

☐ Other

Cardholder (Name on card)

Card number

Expiration date  
(MM/YYYY)

ZIP code  
(From credit card billing address)

## Recurring payments information

Charge every: Month

Charge on this date

Payment amount to be paid for each payment

Total amount to be paid (automatic payments will stop each year when this amount has been reached and will resume again the following July 1st.)

Annual Membership Dues

Product/service sold

Annual Membership Dues

### Terms of agreement

Annual payment of membership dues will be processed automatically until you have sent a request to cancel the automatic payments. Monthly payments will resume on July 1st of each year until the full annual amount has been received or you have sent a request to cancel the automatic payments.

To cancel, please email the Grand Commander at:

[osti@templarresearch.institute](mailto:osti@templarresearch.institute)

Please send completed authorization for to:

[osti@templarresearch.institute](mailto:osti@templarresearch.institute)

or mail to:

David Sahyoun

PO Box 1023

Magdalena, NM 87825

Customer signature

Date