



TravelPAC – Monthly Contribution Agreement

Name: _____

Address: _____

Employer: _____

Occupation: _____

Phone: _____ Email: _____

CREDIT CARD PAYMENT INFORMATION:

Contribution Amount to be Charged Monthly: \$ _____

(Charges will be processed monthly beginning the month following the date of this agreement through 2/29/16.)

Card Type (circle one): Visa Master Card American Express

Card Number: _____

Exp Date: _____ V-Code: _____
(3-digit code on back of Visa/Master Card or 4-digit code on front of AmEx)

Preferred date of the month for contribution to be processed (circle one):

5th of the Month 20th of the Month

Check One:

_____ I do not need a receipt. The transaction noted on my credit card statement is sufficient.

_____ Please email me a receipt for my contribution after payment is processed.

I agree for TTIA to process my credit card for the amount listed above, on the date(s) listed above, for a contribution to the TTIA TravelPAC.

Signature

Date

**All credit card transactions are subject to a credit card processing fee not to exceed 2.5%.*