



KABBALAH FOR KABBALISTS 2023-24
at MMS INT HQ in Toronto, ON, Canada
Payment Authorization Form

Name: _____ Country of Residence: _____

MMS Student Number: _____

Class: **Kabbalah for Kabbalists**

Please circle to indicate which class you are paying for: 1 2 3 4 Retreat

Are you paying the (please check one):

50% Deposit

50% Balance

Full Amount

PAYMENT INFORMATION

By completing this form you are indicating that you give Modern Mystery School full permission to process the amount specified on the credit card provided below.

Total payment amount made at this time: _____

Credit Card: (Please circle one) VISA MasterCard AMEX

Credit Card Number: _____

Expiry Date: ____/____ CVV: (3 digit code on the back of your card) _____

Signature: _____ Date: _____

PLEASE READ AND INITIAL BESIDE EACH STATEMENT:

____ Registration is taken as commitment to all four classes of Kabbalah for Kabbalists.

____ Registration is not complete until deposit is paid.

____ Payments are non-refundable and non-transferable for ANY reason.

____ Late fees apply if payment deadlines are missed.

____ All information is filled out in full. Any missing information will delay your registration.

Please send completed form to the Modern Mystery School by email
info@modernmysteryschoolint.com or by fax 647-430-8491.