

Recurring Contribution Authorization Form

Schedule your contribution to be automatically deducted from your bank account, or charged to your Visa, Master, Maestro, Amex, Rupay Card. Just complete, sign and return this form to get started!

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your Bank Account or credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as per schedule. You agree that no prior notification will be provided unless the date of payment changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete this form and mail to TOURISM PLUS FOUNDATION, 681 Skylark Apartments, Plot no.35, Sector 6, Dwarka, New Delhi-110075. **Please note that contribution is accepted only from Indian Nationals residing in India and expatriates working in India.**



I _____ (please print full name clearly as appearing in Bank Account/Credit or Debit Card) resident of (Billing Address) _____

City _____ ZIP _____ State _____
Phone (Landline) _____ (Mobile) _____ Email _____

authorize **TOURISM PLUS FOUNDATION** to charge my Bank Account/Credit/Debit Card indicated below for contribution specified (strike-out which is not applicable)

- A. **Monthly Contribution** of Rs. _____ (Rs. _____)
to be taken on 15th of every month beginning from _____ (MM/YYYY).
- B. **Quarterly Contribution** of Rs. _____ (Rs. _____)
to be taken on 15 March; 15 June; 15 September and 15 December beginning from _____ (MM/YYYY).
- C. **Yearly Contribution** of Rs. _____ (Rs. _____)
to be taken annually on _____ (MM/YYYY)

BANK ACCOUNT DETAILS

Name appearing in Bank Account	
Bank Account No.	
Name of the Bank	
Address of the Bank Branch	
IFC Code	

Credit Card Details

Card-Holder Name	
Type of Credit Card	VISA / MASTER / MAESTRO / RUPAY / AMEX
Card Number	
Expiring Date	
CVV Number 3 digit no. (4 digit no. in AMEX) on back of card	

SIGNATURE _____



DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify TOURISM PLUS FOUNDATION in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. The mailing address is TOURISM PLUS FOUNDATION, 681, Skylark Apartments, Plot No. 35, Sector 6, Dwarka, New Delhi-110075, India. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For withdrawal/transfer of contribution from my Bank Account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. I certify that I am an authorized user of this Bank/Credit card Account and will not dispute these scheduled transactions with my bank or Credit Card Company so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____

DATE _____