

# REGISTRATION FORM...

To become a student of the Ellel USA *Audio Modular School* simply complete this form and mail/fax to our office. Fax: (813) 737-9051. Mailing address: 1708 English Acres Drive, Lithia, FL 33547.

## **COST & FORMAT** *(please select):*

- MP3 Downloads:**     **\$59.95 per module**  
 **CDs by Mail:**         **\$69.95 per module**

## **PERSONAL DETAILS**

Full Name .....

Address .....

City ..... State .....

Zip ..... Tel .....

Email .....

Please do not add me to your mailing list

## **PAYMENT METHOD**

I/We would like to make this payment by **CHECK** on the  
 **5<sup>th</sup>** or  **20<sup>th</sup>** day of each month. *(Payable to Ellel Ministries).*

I/We would like to make 9 monthly payments by **DIRECT DEPOSIT** and I authorize Ellel Ministries USA to debit my *(check one)*  **checking**  **savings** account on the *(check one)*  **5<sup>th</sup>** or  **20<sup>th</sup>** day of each month for the amount shown above. This authorization will remain in effect for 9 months unless I notify Ellel Ministries USA in writing to terminate the authorization. *(Please complete your details below)*

Name of financial institution: .....

Routing number: .....

Account number: .....

Signature: .....

Date: .....

I/We would like to make 9 payments by **CREDIT/DEBIT CARD** on the  **5<sup>th</sup>** or  **20<sup>th</sup>** day of each month.

**Card type:**  Visa  Mastercard  Amex  Dscvr

**Card number:**

\_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_

**Security code:** \_\_\_\_ *(The last 3 numbers on the reverse of the card)*

**Expiration:** \_\_\_\_ | \_\_\_\_

**Signature:** .....