



Check or Money Order Payment Authorization Form

Mail To:

514 Daniels Street #367 Raleigh, NC 27605

Note: By signing this form you give us permission to process your payment for the amount indicated on or after the indicated date.

Please complete the information below:

First Name _____

Last Name _____

School Name _____

Magnus Username (if known) _____

Phone # _____

Email _____

Date _____

Payment Type (Please check one):

Check

Money Order

Please enclose your check or money order with this form. Please allow 3-5 business days for your payment to be processed. A notification email, with a receipt, will be sent when payment has been processed.

SIGNATURE: _____ DATE: _____