



PAYMENT AUTHORIZATION

_____ has my permission to use my credit/debit card
to make a payment to AIME in the amount of \$_____.____ on _____, 20__.

This agreement is Continuous _____ or One-time payment _____. The
payment is Non Refundable by Pay Pal and I provide my ID, and signature as
proof I authorize this payment.

Print Name

Signature

Date