

CREDIT CARD AUTHORIZATION FORM

PRINT AND COMPLETE THIS AUTHORIZATION FORM AND RETURN

CARD TYPE: VISA



MASTER CARD



AMERICAN EXPRESS



DISCOVER



NAME ON CARD: _____

CREDIT CARD NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

EXPIRY DATE

		/		
(M)			(YR)	

3 DIGIT SECURITY CODE (located on the back of the card)

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MAILING ADDRESS: _____

CITY _____ PROV _____ POSTAL CODE _____

PHONE _____ E-MAIL ADDRESS _____

PLEASE CHARGE MONTHLY THE FOLLOWING AMOUNT:

\$80		\$100		\$150		\$200		OTHER	
aprox \$20/week		aprox \$25/week		aprox \$37.50/week		aprox \$50/week		Write amount \$	

By signing this form, I /we authorize St. Helen`s Catholic Church to collect funds as instructed above and to charge the amounts specified to my/our credit card. This authorization may be cancelled at any time upon written notice by me/us. Delivery of this signed form constitutes authorization by me/us to collect funds starting as of the date indicated below.

Date:

		/			/						
D	D		M	M		Y	Y	Y	Y		

Signature: _____

Signature: _____

(if a joint account)