

CREDIT CARD AUTHORIZATION FORM

St. Peter and St. Paul Episcopal Church has authority to charge my credit card, listed below, on or about the 15th day of each month.

Name of Card Holder: _____

Circle One:

Amex Discover Diner's Club MasterCard Visa

Expiration Date: _____ Card No. _____
MO/YR

VIN No. _____ (3 or 4 digit number on back of card)

Amount to Charge: \$ _____

Monthly __ Quarterly __ Yearly __ ONE TIME __

Signature of Card Holder: _____

Date: _____

Phone Numbers: Home _____ Cell _____

Email Address: _____