

**Credit Card Authorization**

**AUTHORIZATION FORM FOR CREDIT CARD CHARGES**

Company Name: Corpus Christi Parish

I (we) hereby authorize Corpus Christi Parish to charge the credit card listed below.

Name on Credit Card:
Type of Card: <u>  </u> Visa <u>  </u> Master Card
Credit Card Number:
Expiration Date:
CVV Code (3 digits on back of card):
CC Billing Address:
City, State, Zip:
Phone Number:

Fixed Amount to Debt: <u>  </u> \$
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Frequency <u>  </u> One time charge
<u>  </u> Once a month <u>  </u> 1 <sup>st</sup> or <u>  </u> 15 <sup>th</sup>
<u>  </u> Twice a Month 1 <sup>st</sup> & 15 <sup>th</sup>

Would you like us to stop sending envelopes? <u>  </u> Yes <u>  </u> No
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This authority is to remain in full force and effect until Corpus Christi Parish has received written notification from me (or either of us) of its termination in such time and manner as to afford Corpus Christi Parish and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Print Individual Name:
Signature:
Date: