

**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:    Visa    Master Card    Amex    Discover
Credit Card Number:
Expiration Date:
CC Billing Address:
City, State, Zip:
Phone Number:

Fixed Amount to Charge Credit Card:    \$ _____
To be designated to:
General Fund _____    Bldg Fund _____    Liturgy _____    Youth _____
Children's Ministry _____    Stewardship _____    Adult Ministry _____
Women's Ministry _____    Shawl Ministry _____    Quilting Ministry _____
Other _____    Pledge _____

Frequency	_____ One time charge
	_____ Once a month _____ 1 <sup>st</sup> Wed. or _____ 3 <sup>rd</sup> Wed.
	_____ Twice a Month 1 <sup>st</sup> & 3 <sup>rd</sup> Wednesday

Would you like us to stop sending envelopes?    _____ Yes    _____ 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: