

ST. HUBERT CATHOLIC CHURCH CREDIT CARD AUTHORIZATION FORM

ES 9912

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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Effective date of authorization: _____		
Type of Authorization:		
<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change credit card information	
<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Discontinue electronic donation	
<input type="checkbox"/> Change donation date		
Last Name	First Name	
Address		
City	State	Zip
Date of first payment: ____ / ____ / ____	HOW FREQUENTLY DO YOU WANT YOUR DONATION TO OCCUR? (check only one) <ul style="list-style-type: none"> <input type="checkbox"/> Monthly on the 1st <input type="checkbox"/> Monthly on the 15th <input type="checkbox"/> Semi-monthly on the 1st and 15th <input type="checkbox"/> Weekly on Mondays 	AMOUNT PER DONATION: <ul style="list-style-type: none"> <input type="checkbox"/> General fund (amount per donation) \$ _____ <input type="checkbox"/> Outreach (amount per donation) \$ _____ <input type="checkbox"/> Building Debt Reduction (amount per donation) \$ _____ <input type="checkbox"/> Christmas (1-time each year) \$ _____ <input type="checkbox"/> Easter (1-time each year) \$ _____
CREDIT CARD	Please charge my donation to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Card	
	Credit Card Number:	Expiration Date:
	Name on Card:	
	Billing Address (if different from above):	
	I authorize St. Hubert Catholic Church and Vanco Services, LLC to charge my credit card in accordance with the information above.	
Signature (as it appears on the credit card): _____ Date: _____		