

Please print legibly

Envelope # _____

Authorization For Credit Card Draft

Please complete this form and return to your church office.

Personal Information

First Name

Last Name

Address

City

State

Zip Code

Must have an E-Mail Address

Phone Number

I Hereby Authorize

St Paul Catholic Church

Church

18223 Point Lookout Dr Houston, TX 77058

Church Address

To initiate a charge to my credit card account on an installment basis:

Visa

MasterCard

Account # + **three digit**
Authentication code from
back of card.

Name on Card

Expiration Date

Installment Terms

Number of Installments

\$
Amount of Installment

Frequency

I acknowledge that the origination of charges to my account must comply with the provisions of U.S. law. This authority will remain in effect until the terms have been fulfilled or I have cancelled it in writing.

Authorized Signature

Date