



Schenectady Inner City Ministry



Recurring Payment Authorization Form

If you would like to enjoy the convenience of automatic recurring billing, simply complete the form below. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us. Please mail the completed signed form to **Barbara Bieniek, Business Manager, 1055 Wendell Avenue, Schenectady, NY 12308.**

Donor information:

Name: _____

Address: _____

Phone: _____ E-mail: _____

Payment information:

I authorize the Schenectady Inner city Ministry to automatically bill the card listed below as specified:

Amount: \$ _____

Please indicate frequency by selecting one of the following:

Frequency: Once Daily Weekly Monthly Twice/month Monthly Quarterly

Start on _____ / _____ / _____ and end on _____ / _____ / _____
month day year month day year

Credit Card Information:

Card type: MC VISA Discover CVV Code: _____ Zipcode: _____

* Please notify SICM of any credit card changes.

My donation is eligible for employer (GE, etc.) match. (Please be sure to follow through with this according to your employer's requirements. The request must come from the donor; SICM may not request or authorize a matching gift.)

Cardholder's name (exactly as on card): _____

Card number: _____ Expiration date: _____

Signature: _____ Date: _____