



THE PARISH OF SAINT MONICA  
**WE ARE ONE**

*Enthusiastic disciples of Jesus Christ who bring God's love to all*

## AUTHORIZATION AGREEMENT FOR CREDIT CARD PAYMENTS FOR **PARISH RESERVE** **REPLENISHMENT COMMITMENT**

Please return this confidential form to the Business Office in the Rectory.  
If you need assistance, please contact the Parish Business Manager at 610.644.0110 ext. 120.

Company Name:     Saint Monica Church    

I (we) hereby authorize     Saint Monica Church    , hereinafter called COMPANY, to initiate charges to my (our) [  ] Visa, [  ] Mastercard or [  ] Discover (**select one**) credit card. I (we) acknowledge that the charges to my (our) credit card must comply with the provisions of U.S. law.

### PLEASE PRINT CLEARLY

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parish Envelope — ID Number: \_\_\_\_\_

I hereby authorize Saint Monica Church to keep my signature on file and to charge my credit card on an ongoing basis as detailed below. I agree that this is a continuing approval to charge my credit card until I cancel this approval in writing and the cancellation request is received by Saint Monica Church.

### Credit Card Information

Credit Card:  Visa  Mastercard  Discover

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CID: \_\_\_\_\_

Signature: \_\_\_\_\_

**Credit Card Charges** **Start Date:** \_\_\_\_\_

### Please check one and indicate amount:

Weekly  Monthly \$ \_\_\_\_\_ Amount