

Authorization Agreement for Mastercard/Visa Payments

I/we hereby authorize St. Patrick Catholic Church to initiate charges to my/our debit/credit card account indicated below.

Name on card _____

Address _____

Mastercard/Visa (circle one)

Card # _____

Expiration Date (mm/yy) _____

Amount to be charged \$_____ *****for church offering only*****

Check one:

_____ 5th of the month

_____ 20th of the month

_____ 5th and 20th of the month

This authorization is to remain in full force for _____ months.

Termination of this agreement will be made in writing to St Patrick Catholic Church.

Name(s) _____ Envelope # _____
(Please print)

Date _____ Signature(s) _____

For office use only: