



Credit Card Authorization Form

I, the cardholder, authorize and direct the finance office of Second Presbyterian Church to establish an automatic credit card charge from my credit card account as listed below. I acknowledge that the origination of credit card transactions from my account must comply with the provisions of United States law. This information is confidential, and the finance office will destroy this form after the billing is complete.

Credit card type: Discover MasterCard Visa

Purpose: _____

Dollar amount to process: \$_____

Credit card number: _____

Expiration date (mm/yyyy): _____

Name as appears on credit card (Please print): _____

Complete billing address on credit card: _____

Email address (please print): _____
(You should receive an email notification when the church processes or if there is a problem with the transaction.)

Authorized Signature: _____ Date: _____

Please make and retain a copy for your records. Email this form to Mary.Flannery@secondpres.com