

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card):	_____
Card Number:	_____
Expiration Date (mm/yy):	_____ CVC: _____
Cardholder ZIP Code (from credit card billing address):	_____

I, _____, authorize First Christian Church to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account. I understand that my card will be charged on the 15th of each month unless I notify First Christian Church to cancel the transaction by the 10th of the month.

Customer Signature

Date

Email: _____