Credit Card Authorization

AUTHORIZATION FORM FOR CREDIT CARD CHARGES

Company Name: Corpus Christi Parish

I (we) hereby authorize Corpus Christi Parish to charge the credit card listed below.

Name on Credit Card:
Credit Card Number:
Expiration Date:
City, State, Zip:
Phone Number:

Fixed Amount to Charge Credit Card: $ _____

To be designated to:
General Fund _____ Bldg Fund – Mortgage _____

Frequency
_____One time charge
_____Once a month _____ 1st or _____ 15th
_____Twice a Month 1st & 15th

Would you like us to stop sending envelopes? _____Yes _____No

This authority is to remain in full force and effect until Corpus Christi Parish has received written notification from me (or either of us) of its termination in such time and manner as to afford Corpus Christi Parish and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Print Individual Name:
Signature:
Date: