Parish of St. Peter of Alcantara

1327 Port Washington Blvd.
Port Washington, New York 11050

Authorization Agreement for Credit Card Giving

I, _____ of _____
(name) (address)
hereby authorize the R.C. Church of St. Peter of Alcantara, 1327 Port Washington Blvd., Port Washington, New York 11050 to initiate charges to my credit card account indicated below:

Amount $_____ **Monthly**

Card Type: Master Card ( ) Visa ( ) American Express ( ) Discover ( )

Card Number _____

***Expiration Date: Month _____ Year _____ Security Code_____

****When your card expires, the payments will automatically stop. Please let us know the new expiration date when your card is renewed. Also please inform us if your card is lost or stolen.**

This authorization is to remain in effect until the R.C. Church of St. Peter of Alcantara has received written notification (see below) at least five business days in advance of the desired termination date.

_____ Date: _____
(Authorized signature for the above account) (Print Name)

If second signature is required

_____ Date: _____
(Authorized signature for the above account) (Print Name)

✂----------

(save this portion)

Cancellation of Automated Giving

I, _____direct the R.C. Church of St. Peter of Alcantara, 1327 Port Washington Blvd., Port Washington, New York 11050 to discontinue automatic charges to my credit card account.

_____ Date: _____
(Authorized signature for the credit card account) (Print Name)

(Only one signature is necessary to make this cancellation request)