

PARISHIONER AUTHORIZATION FORM – CREDIT CARD PAYMENTS

Name of Parishioner (Please Print)		Envelope #
Address		Phone
City	State	Zip
Email Address		Work Phone

SUNDAY COLLECTION \$ _____ per month

SPECIAL COLLECTIONS*

SECOND COLLECTION

Parish Education \$ _____ per month
 Sharing \$ _____ per month

Easter \$ _____

Christmas \$ _____

- Monthly (Check one)
 (Charged on either the 1st or the 15th of each month)
- Annually (Charged December 1st)

Please charge the following credit card

Master Card **Visa**

Card No: _____ **Exp:** _____ / _____
 Month /Year

CVV No: _____ (3 Digit Number on Back of Card)

** Account will be charged for special collections on the 1st day of the month in which the special collection is taken.*

I authorize St. Michael Parish to charge my credit card as indicated above. This authority will remain in effect until I give reasonable notification to terminate this authorization.

Authorized signature on my account: _____ Date: _____