

**ST. FRANCIS OF ASSISI CATHOLIC CHURCH**  
**Credit Card Monthly Authorization Form**

This form is to be completed if you would like to make monthly contributions to St. Francis using your credit card.

To enroll in this program, simply fill out the form at the bottom and mail or drop this form at the front desk:

St. Francis Church  
Attn: Controller  
2450 NE 27<sup>th</sup> St.  
Bend, OR 97701

**Your credit card account will be debited on the 20<sup>th</sup> of each month.** If you have any questions, please contact the Parish Controller at 541-382-3631.

AUTHORIZATION AGREEMENT FOR CREDIT CARD CONTRIBUTIONS

Company Name: St. Francis Church Company ID Number 56-2302037

I (we) hereby authorize St. Francis Church, hereinafter called COMPANY, to initiate debit entries to my (our) Visa/Mastercard/American Express (select one). I (we) acknowledge that the origination of credit card transactions to my (our) account must comply with the provision of the U.S. law.

Credit Card #: \_\_\_\_\_ Exp. Date \_\_\_\_\_

CV#: \_\_\_\_\_

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

\$ \_\_\_\_\_/monthly

Name (as it appears on your credit card) \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_ Signature \_\_\_\_\_