

AUTHORIZATION AGREEMENT FOR CREDIT CARD DEDUCTION

NAME _____
(PLEASE PRINT)

Parishioner # _____

I (we) hereby authorize St. Paul Parish Catholic Church to deduct from my (our) credit card indicated below.

I (we) authorize the deduction of \$ _____ on the 15th of each month for my (our) Stewardship pledge.

In the event of an incorrect amount or entry, I authorize St. Paul Parish Catholic Church to reverse this transaction.

Credit Card # _____

_____ Visa _____ Mastercard

Expiration Date _____

This authorization is to remain in full force and effect until St. Paul Parish Catholic Church has received written notification from me (us) of its termination.

Date _____

Signature _____

Address _____

Daytime phone _____

Return this form to:

Stewardship Commitment, St. Paul Parish Catholic Church, 5600 S Ryan St, Seattle WA 98178