

Amount: \$

Frequency:

(check one)

Phone:





[ ] Quarterly

[ ] Annually



Phone:







Amount: \$

Frequency:





[ ] Quarterly

## Charge or Debit Card Authorization

I authorize the *First Presbyterian Church of Plymouth* to keep my signature on file and to charge my credit or debit card account for the payment of my annual pledge.

[ ] Monthly

[ ] Semi-Annually

Start recurring billing on://
Visa, Master Card, Discover or American Express (Circle correct card)
Account number:
Expiration Date: / 3-digit Code:
Cardholder's Name:
(as shown on credit card)
Cardholder's Zip Code (required):
(from credit card billing address)
Cardholder Account Billing Address:
(Street)
(City) (State) (Zip)
I understand that this authorization shall remain in effect for the current calendar year unless I notify the Church in writing to the contrary.
Date:
Signature:

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keep my signature on file and to charge my credit or debit card account for the payment of my annual pledge. Amount: \$ [ ] Monthly [ ] Quarterly Frequency: (check one) [ ] Semi-Annually [ ] Annually Start recurring billing on: \_\_\_\_/\_\_\_/ End recurring billing on: \_\_\_\_/\_\_\_/ Visa, Master Card, Discover or American Express (Circle correct card) Account number: Expiration Date: \_\_\_ / \_\_ 3-digit Code: \_\_\_\_\_ Cardholder's Name: (as shown on credit card) Cardholder's Zip Code (required):\_\_\_\_\_ (from credit card billing address) Cardholder Account Billing Address: (Street) (State) (City) I understand that this authorization shall remain in effect for the current calendar year unless I notify the Church in writing to the contrary. Date: Signature: Print Name:

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[ ] Monthly

(check one)	Semi-Annually	[ ] Annually
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Visa, Master Card,	Discover or Amer	rican Express
(Circle correct card)		
Account number:		
Expiration Date:	/ 3-digit C	ode:
Cardholder's Name:		
Cardinoider's Name:		
(as shown on credit card)		
Cardholder's Zin	Code (required):_	
Cardifolder's Zip		ı credit card billing address)
	v	
Cardholder Account	Rilling Address	
Cardholder Account	Billing Address:	
Cardholder Account	Billing Address:	
	Billing Address:	
	Billing Address:  (State)	(Zip)
(Street)		(Zip)
(Street)		
(Street) (City)  I understand that thi	(State)	remain in effect
(Street) (City)  I understand that thi	(State) is authorization shall a	remain in effect
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