



# St Marina Coptic Orthodox Church



## AUTHORIZATION AGREEMENT FOR Credit Card Withdrawals

Complete and sign this form to authorize [St. Marina Coptic Orthodox Church](#) to charge your credit card. By signing this form you give us permission to charge your credit card for the amount indicated on or after the indicated date. This is permission for recurring transactions.

### Please complete the information below:

I                      Full Name authorize [St. Marina Coptic Orthodox Church](#) to charge my credit card indicated below for the amount of \$            .        .

Credit Card Type:  American Express  Visa  Master  Discover

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

CVV # \_\_\_\_\_

Card Holders Name: \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Non-USA Address

Card Holder Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Charge Authorized Amount: \$ \_\_\_\_\_  Yearly  Monthly  Weekly

OR on a the \_\_\_\_\_, \_\_\_\_\_ of every \_\_\_\_\_ month.  Non-Recurring

Card Holder Signature: \_\_\_\_\_

Card Holder Name (Print) \_\_\_\_\_

Email: \_\_\_\_\_

For inquiries or requests;  
Call or text: 949-484-5720  
Email: [stmacct@gmail.com](mailto:stmacct@gmail.com)

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Profile ID \_\_\_\_\_ (Office use only)