



# 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 \$                     .

Credit Card Type:  American Express  Visa  Master  Discover

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

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

CVC # \_\_\_\_\_

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

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

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

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

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

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

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

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I understand that because this is an electronic transaction, these funds may be withdrawn from my credit card as soon as the above noted transaction date. In the case of the payment being rejected for Non Sufficient Funds (NSF) I understand that [St. Marina Coptic Orthodox Church](#) may at its discretion attempt to process the charge again within 30 days, and I agree to an additional \$ 35.00 charge for each attempt returned NSF, which will be initiated as a separate transaction from the authorized payment. I acknowledge that the origination of credit transactions to my account must comply with the provisions of U.S. law. I will not dispute [St. Marina Coptic Orthodox Church](#)'s billing with my bank so long as the transaction corresponds to the terms indicated in this agreement.