

St. Andrew Roman Catholic Church
827 Sheldon Road, Channelview, Texas 77530
281-452-9865 Office 281-452-2157 Fax

Approval Code (for office use only) _/_/_/_/_/_/_/_
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Visa Master Card Discover American Express

Sixteen Digit Credit Card Number:

____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____

Expiration Date:

____/____/____/____
M M Y Y

Security Code:

____/____/____/____/____/____
(on back of card)

Name: _____

Envelope Number (if applicable): _____

Billing Street Address: _____

City, State & Zip Code: _____

Telephone Number(s): Home _____ Cell _____

E-mail: _____

Charge my credit card (Choose one):

- | | | | |
|--|----------|---|--------------------------|
| <input type="checkbox"/> Once | \$ _____ | On Date: ____/____/____ | Effective ____/____/____ |
| <input type="checkbox"/> Monthly Amount: | \$ _____ | <input type="checkbox"/> 1 st <input type="checkbox"/> 15 th | Effective ____/____/____ |
| <input type="checkbox"/> Weekly Amount: | \$ _____ | <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th | Effective ____/____/____ |
| <input type="checkbox"/> Other: _____ | \$ _____ | | Effective ____/____/____ |

Signature: _____ Date: _____

I understand that by signing this document I authorize St. Andrew Catholic Church to debit my credit card account as indicated above until I provide a written statement cancelling my credit card payment authorization.