Interfaith OF THE WOODLANDS

INTERFAITH OF THE Woodlands DIRECTORY

Office use only			
Date Entered	_____	By	_____
Date Processed	_____	By	_____

4242 Interfaith Way • The Woodlands, Texas 77381
Phone 281.367.1230 • Fax 281.292.0619 • www.woodlandsdirectory.com

CREDIT CARD PAYMENT AUTHORIZATION

Initial Transaction or Payment in Full:

Date: _____ Amount: _____

(circle one)

Monthly Transactions:

(circle one)

Start Date: _____

Number of Payments: _____ @ _____

Total for Recurring Monthly Credit Card Transactions: _____

_____ _____ / _____

Credit/Debit Card Account Number (15 or 16 Digits) Expiration Date (Month/Year)

Security Code: _____ (American Express is 4 digits on front of card - MC, Visa Discover is 3 digits on back of card)

_____

Print Card Holders Name (as it appears on card)

_____

Billing Address (for this card)

City _____ State _____ Zip _____

I/we, hereby authorize Interfaith of The Woodlands to charge $_____ on a Monthly cycle, starting on _____, continuing for _____months, to the account listed above.

Signature if Present _____ Date of Signature _____

(Signature Required for any type of recurring Monthly Transaction)

IMPORTANT:

Published Name of Business:_____

Published Telephone Number: _____

EMAIL ADDRESS FOR RECEIPT: _____