



SAINT JAMES EPISCOPAL

St. James Episcopal Church Credit Card Authorization Form

301 Piney Mountain Road ~ Greenville, SC 29609-3035

I hereby request the issuer of the charge card identified below to pay to St. James Episcopal Church the amount shown below. I hereby confirm that I will pay said amount, with any charges due thereon, to said issuer in accordance with the terms of the charge card agreement governing the use of said card.

Recurring Payment Amount: \$ _____

Frequency: Weekly / Monthly / Quarterly / Annually (*Circle One*)

Number of payments: _____ Start Date of Payments: _____

Card Type (Visa/Mastercard/Discover) _____ Card number _____

Card Expiration date _____ Card ID (CVV2/CID) Number: _____

Print name (as appears on Card) _____

Card Billing Address _____ City/State/Zip _____

Phone Number: _____ Email Address: _____

Cardholder Signature: _____