

Holy Apostolic Catholic Assyrian
Church of the East

Saint Mary's Parish
Warren - Michigan



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Credit/Debit Card Authorization Form

You authorize regularly scheduled charges to your credit/debit card. You will be charged the amount indicated below each month. A receipt for each payment will be provided to you and the charge will appear on your statement. You agree that no notification will be provided prior to the payment being collected. If you wish to terminate the payments, you must provide a 30-day notice. No refunds will be issued.

I _____ authorize the Holy Apostolic Catholic Assyrian Church of the East, St. Mary's Parish via Merchant Services, PayPal or other 3rd party vendor to charge my credit card below for \$ _____ beginning on (Date) _____ every month for my yearly membership until a termination notice has been provided to the church.

Billing Information

Address: _____

Phone Number: _____

City, State, Zip Code: _____

Email Address: _____

Credit Card Information

Visa Master Card Discover AMEX

Card Holder Name _____

Card Number _____

Expiration Date ____/____

Security Code (CVC) _____

Individual's Signature _____ Date _____