

St. Paul's Anglican Church
10127 145 Street NW
Edmonton, AB T5N 2X6

Pre-Authorized Credit Payment Form

Donor Name/s:	
Address:	
Email Address:	
Telephone:	Envelope Number:

Please check one:

- I authorize St. Paul's Anglican Church to charge my credit card a ONE TIME gift of \$_____.
- I authorize St. Paul's Anglican Church to charge my credit card a MONTHLY gift of \$_____ to be charged on the 1st business day of each month beginning in the month of _____.

This agreement may be cancelled in writing with thirty (30) days notice.

All charges to St. Paul's Anglican Church shall be treated by your bank on your behalf the same as if you had personally issued your card.

Card Number (Visa or Mastercard only):	Expiration Date:
Name Printed on Card:	
Signature:	
Date Signed:	