

# First Presbyterian Church

**Address**

21 Church Street  
Lockport, NY 14094

**Mailing Address**

P.O. Box 373  
Lockport, NY 14095

(716) 433-5905

## 2021 Recurring Time Credit Card Payment Authorization Form

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Schedule your payment to be automatically charged to your Visa, MasterCard or Discover Card. Just complete and sign this form to get started!

**Recurring Payments Will Make Your Life Easier:**

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

**Here's How Recurring Payments Work:**

You authorize regularly scheduled charges to your credit card. You will be charged the amount indicated below each billing period. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected. A completed form must be given to the church office each new year if you wish to continue with monthly pledges.

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**Please complete ALL information below:**

I  authorize First Presbyterian Church to charge my credit card  
(full name)

indicated below for \$  on the First Tuesday of each Month for payment of my **2021**  
Church Pledge.

Billing Address  Phone#

City, State, Zip  Email

Account Type:  Visa  MasterCard  Discover

Cardholder Name

Account Number

Expiration Date

CVV2 (3 digit number on back of Visa/MC,)

SIGNATURE

DATE

I understand that this authorization will remain in effect for **2021** or until I cancel it in writing, and I agree to notify First Presbyterian Church in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a holiday, I understand that the payments may be executed on the next business day. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.