

**Society Office**

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[edmchristian.org](http://edmchristian.org)



## Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us.  
This authorization will remain in effect until cancelled.

A 3% processing fee will be applied to all credit card payments.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> AMEX
Card Number:
Expiration Date (mm/yy):
CVV Code (back of card):
Cardholder Name (as shown on card):
<b>Check One:</b>
<input type="checkbox"/> Monthly Payments of \$_____ (3rd of the month)
<input type="checkbox"/> One Time Payment of \$_____

\_\_\_\_\_  
Authorization Signature

\_\_\_\_\_  
Date