



Recurring Payment Authorization Form

All requested information below is required to sign up for automatic recurring billing. Please complete the information below & sign the form. Upon approval, we will automatically bill your VISA or MasterCard for the amount indicated & your total charges will appear on your credit card statement. You may cancel this automatic billing authorization at any time by contacting us. Signed & completed forms should be mailed to Alive Ministries, Inc., PO Box 1424, Woodstock, GA 30188.

Customer Information

Customer Name _____

Email address _____ Phone _____

Address _____

(from credit card billing statement)

City _____ State _____ Zip _____

Payment Information

I authorize Alive Ministries, Inc. to automatically bill my card listed below as specified below.

I would like to sponsor _____ (enter quantity) families of the Save It Forward Food Pantries. It cost approx. \$35 per month to provide for each family.

I would like to sponsor _____ (enter quantity) envelopes for volunteers to shop with each week at an estimated cost of \$6 each. I understand that all of the food purchased will be donated to the Save It Forward Food Pantries.

I would like to set a specific amount of _____ to donate to Alive Ministries.

The total recurring amount to be charged to my card is _____.

Frequency
(check one)

Once

Weekly

Monthly

Quarterly

Start on _____ / _____ / _____
Month Day Year

End on _____ / _____ / _____
Month Day Year

No End Date (circle if applicable)

Credit Card Information

Cardholder name _____ CSC _____
(as shown on card) (Card Security Code on back of card)

Card Number _____ Expires _____

I understand that I will receive an email when my credit card is charged. (Make sure email address above is correct.)

Customer's Signature _____

Date _____