

CREDIT CARD AUTHORIZATION

Card Type: MasterCard _____ Visa _____ Discover _____ AMEX _____ Other _____

Cardholder Name (as shown on card): _____

Card Number: _____ Expiration Date: _____

Cardholder Zip Code (from credit card billing address): _____

I, _____ authorize Riverview Lutheran Church and School to charge my credit card listed above for agreed upon amounts. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date