

**MEYERLAND MINYAN, INC.**

**Automatic Credit Card Billing Authorization Form**

If you would like to enjoy the convenience of automatic billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

Donor Information ""(To be completed by merchant)""

Donor name: \_\_\_\_\_ Donor account number: \_\_\_\_\_ Phone: \_\_\_\_\_

Payment Information ""(To be completed by merchant)""

I authorize MEYERLAND MINYAN, INC. to automatically bill the card listed below as specified:

Amount: \_\_\_\_\_ Frequency:  Weekly  Monthly  Quarterly  Annually

Start billing on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ End billing when:  Contract expires: \_\_\_\_\_  
 Donor provides written cancelation

Credit Card Information ""(To be completed by donor)""

MEYERLAND MINYAN, INC. accepts the following credit cards:

Credit card type: \_\_\_\_\_ Credit card number: \_\_\_\_\_ Expires: \_\_\_\_\_ / \_\_\_\_\_

Cardholder's name: \_\_\_\_\_ Cardholder's ZIP code (required): \_\_\_\_\_

\_\_\_\_\_  
(as shown on credit card) (from credit card billing address)

Donor's signature: \_\_\_\_\_ Date \_\_\_\_\_