

**Annunciation Greek Orthodox Church  
Stamford, CT**

**Credit Card and Checking Account Debit Authorization Form**

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.

All information will remain confidential.

Card or Account holder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ AmEx \_\_\_\_\_ Discover

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Identification Number (last 3 digits located on the back of Visa/MC or 4 digits on front of Amex Card): \_\_\_\_\_

For checking account direct debit:

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

**Amount to Charge or Debit: \$ \_\_\_\_\_ (USD)**

**Frequency of charge or debit: \_\_\_\_\_ 1 time \_\_\_\_\_ monthly**

***Charge or debit will begin immediately upon receipt and continue until revoked or modified by contacting us IN WRITING***

I authorize the Annunciation G.O. Church of Stamford CT to charge the agreed amount listed above to my credit card or debit my checking account provided herein. I agree that I will settle this charge in accordance with the issuing bank agreement.

Card or Account holder – Print Name, Sign and Date Below:

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Name: \_\_\_\_\_

**Once signed return the completed form to:**

Stewardship Committee

Annunciation Greek Orthodox Church of Stamford

1230 Newfield Avenue

Stamford, CT 06095

Tel: 203-322-2093 Fax 203-968-6632 or *pay on line at [www.annunciationofstamford.org/donate](http://www.annunciationofstamford.org/donate)*