

Monthly Payment Plan

CREDIT CARD AUTHORIZATION FORM

Name (as it appears on the card) _____

Billing address _____

City _____ State _____ Zip _____

Telephone # _____ Email _____

Card # _____

Exp date _____

Security Code _____

Draft Amount Per Month: _____

Payments will end on Month: _____ *Day:* _____ *Year* _____.

Draft my payment on: (Please Circle One)

1st of each month

15th of each month

I authorize NovusWay Ministries to charge the above credit card for my associated charges totaling _____.

Signature _____

Date _____

For Office Use Only:

\$ Code _____

Event Number: _____ Event Name: _____

Event Dates: _____

Staff Member Initials and name: _____