# SAINT LEO PARISH

24 ROXBURY ROAD • STAMFORD CONNECTICUT 06902-1287
Rectory 203-322-1669

I, _____, hereby authorize St. Leo Church to charge my debit/credit card account in the amount indicated under "Detail of Charge(s)."

( ) VISA ( ) MasterCard

**Name as it appears on card (please print):** _____

Debit/Credit Card Number (16 digits): _____

( ) Credit Card ( ) Debit Card

Expiration Date: _____ /_____ VID Code: _____ (last 3 digits on back of card)

Your Home/Billing Address:

Street: _____

City: _____ State: _____Zip Code_____-_____

Telephone: (___) _____- _____

## DETAIL OF CHARGE(S):

***Please check and indicate amount per charge***

_____Weekly collection Amount each Sunday $_____

and/or

_____Monthly collection First of each Month $_____

**(Because of processing costs, we can only charge <u>minimum offerings of $20 per collection</u>.)**

As the debit/credit card holder, I hereby authorize the above charges.

_____ ____/____/_____
Cardholder's Signature Date

Your completion of this authorization form helps us to protect you, our parishioners, from debit/credit card fraud. St. Leo Church will keep all information entered on this form strictly confidential.