



SAINT LEO PARISH

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

Debit/Credit Card Authorization Form

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 \$ _____

____ Monthly collection Amount First Sunday each month \$ _____

____ One Time Donation Amount \$ _____

(Because of processing costs, we can only charge minimum offerings of \$20 per collection.)

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.