

Recurring Payment Authorization Form

Schedule your reccurring monthly contributions to be automatically debited from your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

How Recurring Payments Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your debit or credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "MMCM/WWW.makingmuch." You agree that these deductions will continue for the specified time shown below or unless you make official changes through our website.

Details of Recurring Monthly Contributions:

1. Please specify the amount you are authorizing our organization to collect from your debit/credit card.

\$5 | \$10 | \$15 | \$20 | \$25 | \$30 | \$35

\$40 | \$50 | \$60 | \$70 | \$80 | \$90 | \$100

X_____ (larger than \$100)

2. Please specify the term length you are authorizing our organization to collect monthly donations.

3 months | 6 months | 9 months | 12 months

3. Please specify the date range within the month you are authorizing our organization to collect your donation from your debit/credit card.

4. It is this reoccurring donation for: (Please circle one of the following options)

MMCM General Fund or The Journeymen Scholarship Fund

Please complete the cardholder information below:

Ν	Name: (As it appears on your card)																															
В	Billing Street Address:																															
Α	Apartment, Building, or Suite #																															
С	City: State Initials: Zip Code:																															
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Does your billing address match your residential address? Yes or No

Please circle one of the following:

Visa | Mastercard | American Express | Discover

Card Number:	
Expiration Date	Security Code (CVV)
SIGNATURE	DATE

I hereby authorize Making Much of Christ Ministries to debit the specified amount aforementioned above on the next available billing cycle that correlates to the date range chosen. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Making Much of Christ Ministries in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. I certify that I am an authorized user of this debit/credit card and will not dispute these scheduled transactions with my bank/credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

Best Option: Please submit this form through our secure portal at <u>www.makingmuchofchristministries.com</u> by navigating our Search tab > Submit Contribution Form

or

Alternate Option: Mail it to our office at Post Office Box 461, Beaverton, Oregon 97075