



**SAINT PAUL
SEMINARY**

CREDIT CARD AUTHORIZATION FORM

I/We hereby authorize The Saint Paul Seminary to initiate automatic payment charges to my credit card listed below:

Credit Card: Visa Mastercard Discover American Express

Card Number: _____ Expiration: _____/_____

Amount: \$ _____

Single Payment

Recurring Payment (on the 15th of the month): Monthly Quarterly Annually

For recurring payment, a receipt letter will be sent at the end of the calendar year.

Name on Card: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

This authorization is to remain in effect until _____ (date) or until The Saint Paul Seminary has received written or verbal notification from me of its termination in such time and in such manner as to afford The Saint Paul Seminary a reasonable opportunity to act upon the request. To terminate this authorization, contact: The Saint Paul Seminary • Institutional Advancement • 2260 Summit Avenue • Saint Paul, MN 55105-1010 • Phone: (651) 962-5795.

Name: _____

Signature: _____ Date: _____

Complete and return to: The Saint Paul Seminary • Institutional Advancement • 2260 Summit Avenue • Saint Paul, MN 55105-1010 • Fax: (651) 962-5790.