



District Council of Madison, Inc.

Society of St. Vincent de Paul

PO Box: 259686

Madison, WI 53725

Credit Card Authorization Form for Monthly Sustaining Samaritan Donations

Name on Credit Card

Credit Card Account Number

Expiration Date (mm/yy)

3- or 4-digit security code (printed on front or back)

Credit Card Type: VISA MasterCard American Express Discover

Authorized Amount: \$ _____

Withdrawn when? 1st of the month 15th of the month

Signature _____

Account Billing Information

Street Address

Apt./Unit Number

City, State, ZIP

Daytime and/or cell phone

<input type="text"/>	<input type="text"/>
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For more information, contact Nancy Hansis, Development Director, 608-442-7200 x405 nhansis@svdpmadison.org.

For St. Vincent de Paul use only

(Optional) ID Number

Received by:

Date received:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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A completed Credit Card Authorization form must be kept on file for each participant in the Direct Payment program.