



**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**Withdrawn when?**     1<sup>st</sup> of the month     15<sup>th</sup> 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 Eric Fleming, Development Director, (608) 442-7200 x34 [efleming@svdpmadison.org](mailto:efleming@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.