

AUTHORIZATION FOR RECURRING BILLING ON A CREDIT CARD

FOR PARISH ACCOUNT # _____

I authorize Parish Communications to keep my signature on file to charge my credit/debit card account for services billed on a monthly basis. This will remain in effect until I have notified Parish Communications in writing.

CARDHOLDER NAME: _____

CARDHOLDER ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

*CARD NUMBER: _____ - _____ - _____ - _____

EXPIRATION DATE: _____ / _____ CARD VERIFICATION VALUE: _____
MONTH YEAR (LAST THREE NUMBERS ON BACK OF CARD)

SIGNATURE: _____ DATE: _____

Date of Withdrawal from Credit/Debit Card (please check one of the following available dates):

- 20th of month 25th of month 1st of month
 5th of month 10th of month

*WE ACCEPT VISA, MASTERCARD AND DISCOVER

WHY SHOULD I USE AUTOMATIC DRAW?

1. You'll never be late again, whether you're sick, on vacation, or you just forgot to send your bill.
2. Save on the Late Fee if your payment is not received on/or before the 14th of the month.
3. Save on postage.

This authority is to remain in full force and effect until the Company or Customer has given notification of termination in such time and in such manner as to afford the Company and Financial Institution or Customer a reasonable opportunity to act on it.

If you have questions, please call our office at 1-800-466-6444.

Would you like to continue to receive your monthly statement? Yes No

Go Green! Parish has begun using e-statements. If you would like to receive "paperless" statements, please provide your email address below:

Yes, I would like to receive e-statements: _____

No, I would prefer not to receive e-statements.

Remit form via USPS or email to parish.info1@gmail.com