



University Presbyterian Church

**Credit Card Authorization  
For Recurring Gifts**

*For recurring gifts (only) charged to a credit card (Visa or MasterCard).*

- New Authorization
- Change in Prior Authorization
- Termination of Prior Authorization

**Gift Information**

Please designate my/our recurring gift as indicated below:

- \$ \_\_\_\_\_ UPC core/general fund
- \$ \_\_\_\_\_ Other: \_\_\_\_\_
- \$ \_\_\_\_\_ Other: \_\_\_\_\_
- \$ \_\_\_\_\_ Other: \_\_\_\_\_
- \$ \_\_\_\_\_ **Total Gift Amount**

<b>Finance Office Use:</b>
ID # _____
Account Number: _____
_____
_____
_____

Please charge my credit card on or near the:

- 5<sup>th</sup> of the month *or*
- 25<sup>th</sup> of the month

**Payment Information (please print clearly)**

- Visa
- MasterCard

Credit card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name as it appears on credit card: \_\_\_\_\_

Credit card billing address:

Street address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: (\_\_\_\_\_) \_\_\_\_\_ E-mail address (optional): \_\_\_\_\_

*I authorize University Presbyterian Church to charge my credit card for the above amount and I understand that this charge will continue until I contact the UPC Finance Office, in writing, to change or cancel this recurring charge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail this form to:**

UPC Finance Office  
4540 15<sup>th</sup> Avenue NE  
Seattle, WA 98105

For questions please call the UPC Finance Office at 206/524-7301, ext. 456.

***Thank you for your support!***

