



# PAYMENT CARD AUTHORIZATION

## 1. GENERAL INFORMATION ☑ Select only one

- LIFE INSURANCE     
  REGISTRATION FOR EVENT     
  CHARITABLE DONATION TO PRCUA EDUCATIONAL FUND

NAME (FIRST, MI, LAST NAME)

CERTIFICATE / EVENT

PHONE NUMBER (DAYTIME)

EMAIL (FOR NOTIFICATION WHEN TRANSACTION IS PROCESSED)

## 2. CARDHOLDER INFORMATION

CARDHOLDER NAME (AS IT APPEARS ON THE CARD)

CARD TYPE:  VISA     MASTERCARD     DISCOVER     AMEX  
 DEBIT / DIRECT EXPRESS

CARDHOLDER BILLING STREET ADDRESS

CARD NUMBER

CARDHOLDER BILLING STREET ADDRESS

EXPIRATION DATE (MM/YYYY)

CV2 NUMBER\*

CARDHOLDER CITY / STATE / ZIP

\*VISA, MASTERCARD, DISCOVER ONLY

\*AMEX ONLY



3 Digit Card Verification Number



4 Digit Card Verification Number

**i** For your piece of mind, the PRCUA undergoes annual Payment Card Industry Data Security Standard (PCI DSS) certification. We will responsibly process and protect the information that you provide on this form according to the PCI DSS standards.

## 3. PAYMENT DETAILS

Please specify the Initial and Recurring date/frequency and amount. A 3% surcharge may be added to the amount(s) specified below if applicable in your state.

INITIAL PAYMENT DATE (MM/DD/YYYY)      INITIAL PAYMENT AMOUNT

RECURRING PAYMENT DATE OR SPECIFIC DAY OF MONTH\*      RECURRING PAYMENT AMOUNT\*

\*Recurring draft dates can only occur between the 1<sup>st</sup> and the 28<sup>th</sup> of every month.

**INTERNAL USE**

NOTES:

## 4. CARDHOLDER SIGNATURE (AUTHORIZATION FOR PAYMENT)

I authorize the Polish Roman Catholic Union of America (PRCUA) to make a one-time charge and recurring charges to my credit/debit card listed above, and if necessary, to initiate adjustments for any transactions credited or debited in error. This authority will remain in effect until the PRCUA has received written notification from me to cancel it. The privilege of paying by credit/debit card may be revoked by the PRCUA if any charge to my account is not honored upon presentation by the PRCUA. I will ensure that funds are available on each payment date and understand that any Non-Sufficient Funds (NSF) transactions may result in one or all of the following: (1) An additional fee for the NSF; (2) A second presentation or attempt to charge funds; (3) Suspension or Cancellation of my certificate according to the terms defined in my certificate. I will inform the PRCUA, in writing, of any change in the account information provided above at least 10 days prior to the next payment due date. I understand the initial charge could take up to 30 days to process.

SIGNATURE

DATE