CREDIT CARD AUTHORIZATION FORM

Please complete all fields.

Card Type:
□ VISA
□ American Express
□ Master Card
□ Discover
□ Other: _____

Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date: _____

Cardholder Zip Code (billing address): _____

CVV _____

I, _____, authorize King's School of Ministry / King's Cathedral and Chapels, to charge my credit card for agreed upon transactions on my financial agreement. I understand that my information will be saved to file for future transactions on my account.

Signature: _____