

Possibilities Ministries

11314 Myrtle Lane, Kansas City, MO, 64137

CREDIT CARD AUTHORIZATION FORM

I authorize Possibilities Ministries to charge my card the below monthly amount. I may cancel this agreement at anytime.

Name: _____

Billing Address: _____

Billing Phone Number: _____

E-mail Address: _____

Card Number: _____

Expiration Date: _____ CV # (3-digit # on back of card) _____

Monthly Amount: _____

Please CHOOSE (by circling) which day of the month for deduction: (1st or 15th)

(If you don't choose a date, we will automatically deduct your card on the 1st of each month.)

Authorized Signature: _____

Today's Date: _____

Possibilities Ministries is committed to protecting your privacy. The information provided herein will be kept private and will be used solely for its intended purposes.

Please mail this completed form to the address above. Thank you so much for your partnership!

Save a stamp and email it to: accounting@possibilitiesministries.com