

# Monthly Payment Plan

## CREDIT CARD AUTHORIZATION FORM

*There will be a \$25 Set up fee added to your total*

Name (as it appears on the card) \_\_\_\_\_

Billing address \_\_\_\_\_

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

Telephone # \_\_\_\_\_ Email \_\_\_\_\_

Card # \_\_\_\_\_

Exp date \_\_\_\_\_

Security Code \_\_\_\_\_

Draft Amount Per Month: \_\_\_\_\_

*Payments will end on Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year \_\_\_\_\_.*

Draft my payment on: (Please Circle One)

**1<sup>st</sup>** of each month

**15<sup>th</sup>** of each month

I authorize NovusWay Ministries to charge the above credit card for my associated charges totaling \_\_\_\_\_. *Total must include \$25 set up fee.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

### For Office Use Only:

\$ Code \_\_\_\_\_

Event Number: \_\_\_\_\_ Event Name: \_\_\_\_\_

Event Dates: \_\_\_\_\_

Staff Member Initials and name: \_\_\_\_\_