

CREDIT CARD AUTHORIZATION FORM

I hereby authorize Saint John Vianney College Seminary to initiate automatic payment charges to my credit card listed below.

Credit Card: Visa Mastercard Discover American Express

Card Number: _____ Expiration: _____/_____

Amount: \$ _____

Single Payment

Recurring Payment: Monthly Quarterly Annually

If a recurring payment, please send receipt letters: with each payment at year end only

Name on Card: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

This authorization is to remain in effect until _____ (date) or until Saint John Vianney College Seminary has received written or verbal notification from me of its termination in such time and in such manner as to afford Saint John Vianney College Seminary a reasonable opportunity to act upon the request. To terminate this authorization, contact: *Saint John Vianney College Seminary • Institutional Advancement • 2115 Summit Avenue Mail 5024 • Saint Paul, MN 55105-1048*. Phone: (651) 358-3368.

Name: _____

Signature: _____ Date: _____

Complete and return to: *Saint John Vianney College Seminary • Institutional Advancement • 2115 Summit Avenue Mail 5024 • Saint Paul, MN 55105-1048*.



**SAINT JOHN VIANNEY
COLLEGE SEMINARY**

The Seminaries of Saint Paul