



Cathedral of St. John the Divine • 1047 Amsterdam Avenue • New York, NY 10025 • (212) 316-7530

www.actprograms.org

## One-Time Credit Card Payment Authorization Form

Complete and sign this form to authorize A.C.T. Programs to make a one-time debit to your credit card listed below. By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date which will include a 3% processing fee. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

### Please complete the information below:

I, \_\_\_\_\_, authorize A.C.T. Programs to charge my credit card  
(Full Name)

account indicated below for \$ \_\_\_\_\_ (3% processing fee incl.) on or after \_\_\_\_\_.

This payment is for \_\_\_\_\_

(Amount)

(Today's Date)

\_\_\_\_\_

(Charge Description)

Billing Address \_\_\_\_\_

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

Phone # \_\_\_\_\_

Email \_\_\_\_\_

Account Type:  Visa  MasterCard

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

**\*Processing Fee of 3% will be added to your payment\***

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form. Please note if payment is declined 2.8% processing fee will be added to your account.