

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)

1st of each month

15th 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: _____