

# CREDIT CARD AUTHORIZATION FORM

I hereby authorize The Saint Paul 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 The Saint Paul Seminary has received written or verbal notification from me of its termination in such time and in such manner as to afford The Saint Paul Seminary a reasonable opportunity to act upon the request. To terminate this authorization, contact: *The Saint Paul Seminary School of Divinity • Institutional Advancement • 2260 Summit Avenue • Saint Paul, MN 55105-1010 • Phone: (651) 962-5795.*

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Complete and return to: *The Saint Paul Seminary School of Divinity • Institutional Advancement • 2260 Summit Avenue • Saint Paul, MN 55105-1010 • Fax: (651) 962-5790.*



**SAINT PAUL SEMINARY  
SCHOOL OF DIVINITY**

University of St. Thomas