



**Credit Card Authorization Form**

Card Type:  VISA  Mastercard

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp. \_\_\_\_/\_\_\_\_ CVV:\_\_\_\_\_ Amount to Charge: \_\_\_\_\_

Reason for Charge:\_\_\_\_\_

Phone:\_\_\_\_\_ Email:\_\_\_\_\_

I certify that all information is complete and accurate. I hereby authorize Michigan Student Ministries to collect payment for all charges as indicated in the **Amount to Charge** section of this form by processing a charge to the credit card listed above.  
I certify that I am the authorized signer of the credit card listed above.

Name (Print):\_\_\_\_\_

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



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