



Advancing the Community of Tomorrow at Cathedral of St. John the Divine
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One-Time Card Payment Authorization Form

Complete and sign this form to authorize A.C.T. Program to make a one-time debit to your 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. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account. **Credit cards incur a 3% fee.** Debit and prepaid cards do not. Our payment processing system automatically recognizes the card type.

Please complete the information below:

I, _____, authorize A.C.T. Program to charge my card
(Full Name)

account indicated below for \$ _____ (not including 3% processing fee for credit cards) on or
(Amount)

after _____ . This payment is for _____ .
(Today's Date) (Charge Description)

Billing Address _____

City, State, Zip _____

Phone # _____ Email _____

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Cardholder Name _____
Card Number _____
Expiration Date _____ Security Code _____

3% processing fee will be added to your credit card payment

SIGNATURE _____ DATE _____

I authorize the above-named business to charge the 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 card and that I will not dispute the payment with my 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.