



Prayer Child Foundation
together, we are making a difference

3903 E Huber St
Mesa AZ 85202
(480) 634-6086

Recurring Payment Authorization Form

DONORS INFORMATION:

DONORS NAME: _____

EMAIL : _____

CELL #: _____

PAYMENT INFORMATION:

I authorize PRAYER CHILD FOUNDATION to automatically bill the card or EFT listed below as specified:

PRODUCT/SERVICE DESCRIPTION: Donation to Charity

FREQUENCY (check one) Once Weekly Monthly Quarterly

Start on ____/____/____ End on ____/____/____ \$ _____
Month Day Year Month Day Year

No end date

PAYMENT INFORMATION:

Type MasterCard Visa Discover AMEX EFT (e-check)

CARDHOLDER NAME (as shown on card) _____

BILLING ADDRESS _____ BILLING ZIP CODE _____

1. CARD NUMBER _____ EXPIRES ____/____

CVV code _____

OR

(On back of card)

2. EFT: ROUTING NUMER _____ ACCOUNT NUMBER _____

BANK ACCOUNT TYPE: Consumer Checking Consumer Savings Business Checking Business Savings
(Circle One)

Notify me via email when my card or account is charged. (Make sure email above is correct)

DONOR'S SIGNATURE _____ DATE _____

FAX FORM TO: (480) 633-2187 OR SCAN AND EMAIL TO: info@prayerchild.org