

Orphans Africa
Automatic Credit Card Billing Authorization Form

If you would like to enjoy the convenience of automatic billing, simply complete the information below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

CUSTOMER INFORMATION:

Customer Name: _____ Phone: _____
_____ - _____ - _____

PAYMENT INFORMATION:

I authorize Orphans Africa to automatically bill the card listed below as specified:

Amount: \$ _____ Frequency: Weekly Bi-Weekly Semi-Monthly Monthly
 Quarterly Semi-Annually Annually (Check only one)

Start billing on: ____/____/____ End billing when: Contract expires: ____/____/____
 Customer provides written cancellation

CREDIT CARD INFORMATION:

Orphans Africa accepts the following credit cards: **Visa, MasterCard, Discover**

Credit card type: _____ Credit card number: _____ Expires: ____/____/____

Cardholder's name: _____ Cardholder's Zip code (required): _____
(as shown on credit card) (from credit card billing address)

Customer signature: _____ Date: _____

MAIL TO: Orphans Africa, PO Box 1371, South Bend, WA 98586-1371 USA
Or
FAX TO: (360) 875-9974