



CREDIT/DEBIT CARD COMMITMENT FORM

TO CHARGE OR DEBIT YOUR FINANCIAL CONTRIBUTION, PLEASE FILL OUT THE FOLLOWING INFORMATION - PLEASE PRINT

Full Name on Card

Billing Address: _____

City & State: _____ Zip: _____

Home Phone: _____ Cell Phone(s): _____

Email(s) (print): _____

Unity is making a difference in my life; please charge the following amount on my credit/debit card beginning on _____ / _____ (Month and Year)

\$ _____ Per Month

Credit Card Type: (Circle) MC / Visa / AMEX / Discover

Credit/Debit Card Number: _____ / _____ / _____

Expiration Date: _____ / _____
Month Year

CVC Code: _____ (three/four digit on the back of the card)

I authorize Unity of Traverse City to begin making withdrawals from the account below. Please charge my account as indicated above. This authority is to remain in effect until cancelled by me by contacting the church office in writing or via email at info@unitytraversecity.org.

Signature: _____

Date: _____