

**St. Wenceslaus Catholic Church
Credit Card Authorization**

Credit Card Number: _____

Expiration Date: _____

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

E-mail Address: _____

Phone Number: _____

I hereby authorize St. Wenceslaus to initiate a credit card transaction and to initiate, if necessary, adjustments for any debit entry in error to my credit card on the 5th of the month on the credit card indicated.

Signature: _____