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## Moravian Theological Seminary Monthly Credit Card Deduction Authorization

Contact Name: Lisa A. Brand  
Phone: 610-861-1338

I (We) hereby authorize Moravian College to charge my (our) credit card monthly.

Name(s): \_\_\_\_\_  
(as it appears on card)

Address: \_\_\_\_\_  
\_\_\_\_\_

Mastercard   Visa   Discover   AmEx

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ V Security Code \_\_\_\_\_

Amount Per Month \$ \_\_\_\_\_ Date to be charged each month \_\_\_\_\_

For Annual Fund (check) \_\_\_\_\_ For Designated Area (name) \_\_\_\_\_

This authority is to remain in full force and effect until Moravian Theological Seminary has received written notification from me (us) of its termination in such time and in such manner as to afford Moravian Theological Seminary a reasonable opportunity to act on it and in no event shall a termination notice be effective with respect to entries processed by Moravian Theological Seminary prior to its receipt.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_