

SCRIP CHARGE / DEBIT CARD INFORMATION

I would like to purchase SCRIP and use my Credit / Debit Card. Here is my information to complete this transaction.

Please fill out completely and legibly.

Visa Mastercard

Name as it appears on my card:

Account Number: _____

Expiration Date: ____ / ____ Billing Zipcode: _____

Daytime Phone Number: _____ - _____ - _____

Cardholder's Signature to authorize the purchase:

Please check an option. Do not leave blank

Please retain this information for future purchases.

Please destroy this information after this purchase.

OFFICE USE ONLY PLEASE

- | | | |
|-------------|-------------|-----------------------|
| 1. \$ _____ | Date: _____ | Authorization # _____ |
| 2. \$ _____ | Date: _____ | Authorization # _____ |
| 3. \$ _____ | Date: _____ | Authorization # _____ |
| 4. \$ _____ | Date: _____ | Authorization # _____ |
| 5. \$ _____ | Date: _____ | Authorization # _____ |
| 6. \$ _____ | Date: _____ | Authorization # _____ |
| 7. \$ _____ | Date: _____ | Authorization # _____ |