



Building Beyond
BORDERS



**CREDIT CARD PAYMENT PLAN
AUTHORIZATION FORM**

PAYEE INFORMATION

KELOWNA CHRISTIAN CENTER SOCIETY
905 BADKE ROAD
KELOWNA, BC V1X 5Z5

PHONE: 250-762-9559 EXT 220
EMAIL: BUILDINGBEYONDBORDERS@KCC.NET

DONOR INFORMATION

NAME: _____
ADDRESS: _____ CITY: _____ PROV: _____ PC: _____
HOME: _____ BUSINESS: _____
EMAIL: _____

I want to support Building Beyond Borders' 'Kenya Child Sponsorships' through monthly donations.

PLEASE CHARGE MY CREDIT CARD

TYPE OF CARD: VISA _____ MASTERCARD _____ AMEX _____
MONTHLY AMOUNT: \$ _____ START DATE: _____
CARD # : _____ EXPIRY: _____ CSC: _____
FREQUENCY: MONTHLY X

The charge will be processed to your credit card on the 1st day of each month or the next business day.

AGREEMENT

I waive any and all need for signatures to change payment arrangements as long as there is permission via email instruction by donor.
I understand that this agreement will remain in effect until I notify you of cancellation.
I have read and understand and accept the terms and conditions of this agreement for participation in the Credit Card Payment plan.
I warrant and guarantee that the person required to sign on this credit card has signed this agreement below.

SIGNATURE: _____ **DATE:** _____

CANCELLATION (10 BUSINESS DAYS NOTICE IS REQUIRED)

I may revoke authorization at any time, subject to providing notice of at least ten (10) business days before the next charge is scheduled.

FOR OFFICE USE ONLY:

Cancel this Credit Card Payment Agreement effective _____, 20 _____

SIGNATURE: _____ **DATE:** _____