

Anthony F. Cordeiro Charitable Foundation Inc.

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Fall River, MA 02721
508-677-6997

Payment Authorization Form

Your payment will be automatically deducted from your bank account or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

Here's how the Payment Process works:

You authorize the scheduled charge to your credit card. You will be charged the amount indicated below. A receipt for the payment will be emailed to you and the charge will appear on your bank statement. You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ authorize to charge my credit card indicated below.
(full name)

for \$ _____ on _____ for a donation.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Credit Card

Visa	MasterCard
Amex	Discover
Cardholder Name	_____
Account Number	_____
Exp. Date	_____
CVC	_____

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the non-profit organization in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that this non-profit organization may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my credit card company; so long as the transactions correspond to the terms indicated in this authorization form.