



MORAVIAN
COLLEGE

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 American Express

Credit Card # _____

Expiration Date _____ **V Security Code** _____

Amount Per Month \$ _____ **Date to be charged each month** _____

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

Signature: _____

Date: _____