

## **CREDIT CARD CHARGE/AUTO AUTHORIZATION**

l au	thorize Jain Center of Southern California, herein after called JCSC, to
initiate CREDIT CARD CHARGES/ACH on a	monthly basis for donation.
First Name:	Last Name:
Address:	
Email:	Phone #
☐ - Credit Card	
Card Type: ☐ Master Card   ☐ Visa   ☐	Discover
Card Number:	Expiration Date:/ (mm/yy)
CVV Zip Code	
□ - Bank (ACH)	
Account Type: ☐ Checking   ☐ Savings	
Name on Acct:	Bank Name:
Routing #:	Account #:
Amount to Deduct: \$	
	d effect until <b>JCSC</b> has received written notification from me of its oner as to afford <b>JCSC</b> and FINANCIAL INSTITUTION a reasonable e effective date).
Print Name	Signature
Date: / /	

Kindly return the form to the treasurer's office.