



THE RIVER

Recurring Payment Authorization Form

If you would like to enjoy the convenience of automatic recurring billing, simply complete the Credit Card information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit/debit card statement. You may cancel this automatic billing authorization at any time by written request to The River, Attn: Finance Office, P. O. Box 578, Semmes, AL 36575 or email @ clinette@myriver.tv.

AUTHORIZATION: I authorize The River to automatically bill the card listed below as specified: (PLEASE INITIAL): _____

\$_____ Tithes \$_____ Offering \$_____ Generations Campus
\$_____ River Campus Debt Reduction \$_____ River Kids \$_____ River Campus/Offices \$_____ iBridge
\$_____ 212 Students \$_____ Missions \$_____ Lifegroups \$_____ Other (please specify)

Frequency (check one)

___ Once ___ Weekly ___ Monthly ___ Other (Specify)

(check one)

Start on: ____/____/____ End on: ____/____/____
 Month Day Year Month Day Year

No end date: _____

CREDIT CARD INFORMATION:

Card type: ___ Mastercard ___ Visa ___ Discover ___ AMEX ___ Other

Cardholder name (as shown on card): _____

Cardholder billing address: _____

Card number: _____

Expiration: ____/____ CVV _____

Email address: _____ Cardholder telephone number: _____

Cardholder's signature: _____ Date: _____