

**Missions Frontier, Inc.**  
PO Box 14638  
North Palm Beach, FL 33408  
donation@missionsfrontier.org

**Missions Frontier Inc**  
**Automatic Credit Card Billing Authorization Form**

If you would like to enjoy the convenience of automatic 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 card statement. You may cancel this automatic billing authorization at any time by contacting us.

**Donor Information**

Donor name: \_\_\_\_\_ Email Address \_\_\_\_\_ Phone: \_\_\_\_\_

**Payment Information**

I authorize Missions Frontier Inc to automatically bill the card listed below as specified:

Amount: \_\_\_\_\_ Frequency:  Weekly  Monthly  Quarterly  Annually

Start billing on: \_\_\_\_\_ End billing when:  Contract expires: \_\_\_\_\_  
 Donor provides written cancellation

**Credit Card Information**

Missions Frontier Inc accepts the following credit cards: VISA MASTERCARD

Credit card type: \_\_\_\_\_ CCV # \_\_\_\_\_ Credit card number: \_\_\_\_\_ Expires: \_\_\_\_\_ / \_\_\_\_\_

Cardholder's name: (as shown on credit card)

\_\_\_\_\_

Billing Address: (Street Address, City, State, Zip) \_\_\_\_\_ Date: \_\_\_\_\_

**CARD HOLDER SIGNATURE**

Cardholder's Signature :