



"A good name is more desirable than great riches;
to be esteemed better than silver and gold."
Proverbs 22:1

AUTOMATIC PAYMENT AUTHORIZATION FORM

First Name: _____ MI: _____ Last Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Total Charges: _____

Initial Payment: _____ Date: _____

Cash Check Money Order Credit Card

Balance Due: _____

An automatic payment for the balance due will be charged to your credit card account provided below 30 days after the indicated initial payment date above. **(Consumer Initials: _____)**

CREDIT CARD AUTHORIZATION

(All charges will appear as "Trinity Enterprises Partners, LLC" on your credit card statement.)

Card Holder Name: (As Printed on Card) _____

Card Number: _____

Card Type: Visa MasterCard

Expiration Date: _____ CVV Code: _____ Billing Zip Code: _____

By signing below I authorize Trinity Enterprises Partners, LLC to charge my credit card for the purchase referenced above.

Signature: _____