

SHENANDOAH VALLEY BACH FESTIVAL
MONTHLY CREDIT CARD PAYMENT FORM

To make monthly payments, complete the credit OR debit authorization AND the signature form below.

CREDIT CARD AUTHORIZATION

I hereby authorize Eastern Mennonite University to charge my credit card in the amount of \$_____ on or about the 15th of each month. I direct the Development Office to credit that amount to the *Bach Festival*.

Select one: [] VISA [] MasterCard [] Discover [] American Express

Credit Card Number _____

Expiration Date ____/____/____ CVV code _____

DEBIT AUTHORIZATION

I hereby authorize Eastern Mennonite University to initiate debit entries to my Checking or Savings account from the depository named below in the amount of \$_____ on or about the 15th of each month. I direct the Development Office to credit that amount to the *Bach Festival*.

Depository Name/Branch _____

City/State/Zip _____

Select one: [] Checking [] Savings

Transit/ABA No. _____ Bank Acct. No. _____

Please enclose a voided check or deposit slip when submitting this form.

SIGNATURE FORM

This authority is to remain in full force and effect for only _____ months, until the full amount of \$_____, has been paid.

Print Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Today's Date _____

Signature _____