

Parish Benefits Contribution Authorization Form

Greek Orthodox Archdiocese of America

Authorization for Payment via Credit or Debit Card

Here's how it works: You authorize regularly scheduled payments to be made from your credit or debit card. Then, just sit back and relax. Your payments will be made automatically on the 17th of each month. Proof of payment will appear on your statement.

The authority you give to charge your account will remain in effect until you notify GDC in writing to terminate the authorization. You must notify GDC in writing within ten (10) days of any change to the dollar amount of your authorization.

All you need to do is:

- 1) Indicate whether payment will be made by credit or debit card.
- 2) Fill in all of the information requested.
- 3) You may fax your form to: 203-367-4078 Attn: Parish Benefits
- 4) Hard copy of this form **must** be sent. The address for mailing is:

GDC Financial Group, Inc.
929 Kings Highway East
Fairfield, Ct. 06825
Att: Parish Benefits

*Note: the Authorized Signature **MUST** be completed or the transaction will **NOT** be processed.*

Please complete the information below

I (we) authorize The GDC Financial Group, Inc. to initiate electronic debit entries to my:

_____ credit card (or) _____ debit card

for payment of the monthly Parish Benefit Contribution.

I (we) acknowledge that the origination of this transaction from the account must comply with the provisions of U.S. law. This authority will remain in effect until I (we) have cancelled it in writing.

PARISH NAME: _____

NAME AS SHOWN ON CARD: _____

AMOUNT AUTHORIZED MONTHLY: _____

____ VISA ____ MASTERCARD ____ AMERICAN EXPRESS ____ DISCOVER ____ DEBIT

EXPIRATION DATE MO/YR: __ / __

CARD NUMBER (all digits) _____

AUTHORIZED SIGNATURE
OF CARDHOLDER (Required) _____ Date ____ / ____ / ____

CARDHOLDER BILLING ADDRESS:	CARDHOLDER ADDRESS (if other than billing):
Address 1 _____	Address 1 _____
Address 2 _____	Address 2 _____
City _____ ST _____ Zip _____	City _____ ST _____ Zip _____

PHONE NUMBER OF CARD HOLDER (required) _____