



Credit Card Authorization Form

Team Member: _____

Payment Amount: _____

Name on Credit Card: _____

Billing Address: _____

Circle: Visa / Mastercard

Credit Card Number: _____

Exp. Date: _____ Security Code: _____

If receipt is desired, please provide email address: _____

Email to: jkindelin@thecompass.net

Fax: 630-983-3238

Note: Credit card charge will be listed from "The Compass Church"