



Credit Card Authorization Form



Name on Card: _____ Phone: _____

Account #: _____ Exp. Date: _____

	_____	Amount to Charge
+	_____	* (A 3% Credit Card Processing Fees <u>Will Be Added to this Transaction</u>)
=	_____	Total Amount

Signature (Required): _____ Date: _____

Address if Non-Temple Member:

Street: _____

City: _____ State: _____ Zip: _____

Email: _____

Note Regarding Payment:

The Temple/WELC Only Accepts **MasterCard & VISA**