

**Electronic Funds Transfer Authorization  
Family Promise of Las Vegas**

I (we) hereby authorize Family Promise of Las Vegas to make recurring charges to my Credit Card listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Family Promise is notified by me (us) in writing to cancel it in such time as to afford Family Promise of Las Vegas and the Credit Card company a reasonable opportunity to act on it .

Also, I grant Family Promise of Las Vegas the right to correct any Electronic Funds Transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Company Use Only:** Effective Date \_\_\_\_\_

**Account # Information**

**Please check one:** Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_

Amount to be charged: \_\_\_\_\_

Please circle one: **monthly** **bi-monthly** **Quarterly** **one time only**

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

3 digit security code on back of card: \_\_\_\_\_

Billing Street Address listed on card:

\_\_\_\_\_

Billing City, State and Zip Code listed on card:

\_\_\_\_\_

Telephone associated with card: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
(signature of person authorizing)

\_\_\_\_\_  
(Effective Date)

**PLEASE MAIL THIS FORM TO: PLEASE SUBMIT THIS FORM TO [DIRECTOR@FAMILYPROMISELV.COM](mailto:DIRECTOR@FAMILYPROMISELV.COM) AND MAIL THE SIGNED COPY TO FAMILY PROMISE OF LAS VEGAS AT: 320 S. 9<sup>th</sup> Street, Las Vegas, Nevada 89101 attention Terry Ruth Lindemann, Executive Director Call 702/638-8806 for information**