



## Authorization Agreement for Automated Recurring Donations by Credit Card

I hereby authorize the Institute for Creation Research to make a monthly, recurring charge to my credit card in the amount I have indicated below.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Country  USA  Other \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### Credit Card Information

MasterCard  Visa  Discover  American Express

Acct # on Card \_\_\_\_\_

Expiration Date \_\_\_\_\_ 3-digit Security Code (4-digit for AMEX): \_\_\_\_\_

on 1<sup>st</sup> of each month  on 5<sup>th</sup> of each month

Monthly Amount \$ \_\_\_\_\_  on 10<sup>th</sup> of each month  on 15<sup>th</sup> of each month

on 20<sup>th</sup> of each month  on 25<sup>th</sup> of each month

Check here if the name and billing address on your credit card is the same as you entered above. Otherwise, please complete the information below.

Cardholder Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Country  USA  Other \_\_\_\_\_

*This authorization is to remain in full force and effect until ICR has received written notification from me of its change or termination in such time and in such manner as to afford ICR a reasonable opportunity to act on it.*

- Email to [giving@icr.org](mailto:giving@icr.org)
- Or fax to **214-615-8297**
- Or mail to **ICR, Attn: Accounting, P. O. Box 59029, Dallas, TX 75229**

If you have questions, please contact the Accounting Department at ICR at 800-337-0375 or email [giving@icr.org](mailto:giving@icr.org).