

Debit Credit Card Authority

Business Name:
Personal Name:
Phone:
Fax:
Email:
Address:

Date:

Support the Gospel reaching souls directly/Payment AUTHORITY

INVOICE/RECIPT

(Please keep this as your invoice & receipt)

Only complete this box if it is one time only donation

One time Donation: \$

Please circle

Weekly/Fortnightly/monthly

I authorize \$

This will go 100% to enabling the Gospel through crusades, supply bibles & touching lives directly with the Word of God in healing, salvation & deliverance!

I Authorized the debit/use of the following credit card & consent to its use providing it shall not exceed the limit of this invoice.

Full Name on card:

Credit Card Type: Visa MasterCard

Account Number:

Expiry: / Code/Last 3 digits (on back of card): _____

Signed _____ **Dated** / /

In event this card expires I authorize the NEW card to make payment or any other card supplied via email, fax or phone. I may authorize a further payment on completion or at monthly/yearly intervals via email, phone or fax.

**Please complete & fax back on
+61 0359774866 or scan & email
info@therevival.com.au**

NOTE: statement will say "Better Business Advice" as payments are processed through this account for accountability & "StrataPay" authority purposes.

**If You Don't....
Who Will?**



www.therevival.com.au