



Polish Roman Catholic Union of America

A Legal Reserve Fraternal Benefit Society
984 N. Milwaukee Avenue, Chicago, Illinois 60642-4101
(773) 782-2600 - FAX (773) 278-4595 - (800) 772-8632 - PRCUA.org

Payment Card Authorization

GENERAL INFORMATION

Choose only one

☐ LIFE INSURANCE

☐ REGISTRATION FOR EVENT

☐ CHARITABLE DONATION TO **PRCUA**LIFE EDUCATION FUND

FIRST (MI) LAST NAME

CERTIFICATE / EVENT

PHONE NUMBER (DAYTIME)

EMAIL (FOR NOTIFICATION WHEN AN TRANSACTION IS PROCESSED)

PAYMENT CARD INFORMATION

CARDHOLDER NAME (AS IT APPEARS ON THE CARD)

CARDHOLDER BILLING STILL ADDRESS

CARDHOLDER BILLING ZIP CODE

PCI DSS Requirements prohibit businesses from storing the Card Verification Value (CVV) data after authorization. Therefore, **PRCUA**Life may contact you to complete your payment online at prcu.org/payonline or we will contact you when we require the CVV to process a transaction.

CARD TYPE: ☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMEX
☐ DEBIT / DIRECT EXPRESS

CARD NUMBER (PAN)

EXPIRATION DATE (MM/YYYY)



For your piece of mind, the PRCUA undergoes annual Payment Card Industry Data Security Standard (PCI DSS) certification. We will responsibly process and protect the information that you provide on this form according to the PCI DSS standards.

PAYMENT DETAILS

Please specify the initial and recurring date, along with the payment amount. If applicable, a 3% surcharge may be added to your transaction(s).

INITIAL PAYMENT DATE (MM/DD/YYYY)

INITIAL PAYMENT AMOUNT

RECURRING PAYMENT DATE (MM/DD/YYYY) OR
SPECIFIC DAY OF MONTH*

RECURRING PAYMENT AMOUNT

*Recurring dates can only occur between the 1st and the 28th day of the month.

SPECIAL INSTRUCTIONS

CARDHOLDER SIGNATURE (AUTHORIZATION FOR PAYMENT)

I authorize the Polish Roman Catholic Union of America (PRCUA) to make a one-time charge and recurring charges to my credit/debit card listed above, and if necessary, to initiate adjustments for any transactions credited or debited in error. This authority will remain in effect until the PRCUA has received written notification from me to cancel it. The privilege of paying by credit/debit card may be revoked by the PRCUA if any charge to my account is not honored upon presentation by the PRCUA. I will ensure that funds are available on each payment date and understand that any Non-Sufficient Funds (NSF) transactions may result in one or all of the following: (1) An additional fee for the NSF; (2) A second presentation or attempt to charge funds; (3) Suspension or Cancellation of my certificate according to the terms defined in my certificate. I will inform the PRCUA, in writing, of any change in the account information provided above at least 10 days prior to the next payment due date. I understand the initial charge could take up to 30 days to process.



SIGNATURE OF OWNER

DATE