

Payment Form



Diocese of Miami and the Southeast
Parish Life Conference
June 12-15, 2024

Hosted By: **St. Stephen Church**
130 Holy Cross Path, Hiram, Georgia 30141
(908) 370-8632

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www.miamiplc.org

Please complete the information and mail or e-mail completed form to the information above. To process all transactions, the billing address must match the credit/debit card or checking account statement. If the address is the same please check box under the appropriate section, if not provide billing address below.

<p>Purchase Item (s) <i>Check all item(s) that is for this payment:</i></p> <p> <input type="checkbox"/> Event Registration <input type="checkbox"/> Souvenir Journal <input type="checkbox"/> Sponsorship/Donation <input type="checkbox"/> Vendor </p>
<p>Payment Options (Check one):</p> <p> <input type="radio"/> Credit/Debit Card <input type="radio"/> Check (E-Check) <input type="radio"/> Cash/Money Order </p>
<p>Credit/Debit Card Information <i>to be completed for all Credit/Debit Card Payments</i></p> <p> <input type="checkbox"/> Credit/Debit Card billing address is same as previous page, if different billing address, please include billing address below </p> <p>Credit/Debit Card No: _____</p> <p>CVV2: _____ Exp. Date: _____</p>
<p>Check (E-Check) Information <i>to be completed for all Check Payments</i></p> <p>U. S. Accounts Only!</p> <p> <input type="checkbox"/> Checking Account billing address is same as previous page, if different billing address please include billing address below </p> <p>Bank Account Type <input type="radio"/> Checking <input type="radio"/> Business Checking</p> <p>Name on Checking Account: _____ <i>As it appears on check</i></p> <p>Bank Routing (ABA) Number: _____ <i>9 Digit Bank Code (see Sample on right side)</i></p> <p>Bank Account Number: _____ <i>6-15 digit account number (see sample in eight side)</i></p>

All forms must be completed and include full payment in order to be accepted and processed

Please Include Credit/Debit or Checking Account Statement Billing address if different than provided first page

Name: _____

Billing Address: _____

City, State, Zip Code: _____

I acknowledge and understand that all purchases and/or donations are **non-refundable** as set forth in the Privacy Statement at www.antiochianevents.org/miami/terms-of-use; and hereby authorize the Antiochian Archdiocese, Diocese of Miami and the Southeast Parish Life Conference, to charge the credit/debit card or bank account as set forth on this form for all purchases and/or donations. When paying by check, **only checks drawn from U. S. Banks** will be accepted (for all other payments, please use credit/debit card). All checks **will be processed electronically** (via E-Check/ACH). Please do not mail a check with form. *All checks/credit card charges will appear on your statement as Antiochian Archdiocese.*

Amount: \$ _____ (USD) Date: _____

Signature _____

Signature required for all forms; Unsigned forms will not be processed!

Sample Credit/Debit Card



Sample Check

