

AUTHORITY FOR RECURRENT PAYMENT BY CREDIT CARD

Action (Please tick) New request Alteration Cancellation

Surname: _____ Name: _____

Address: _____ Postcode: _____

SECTION 1 – CARD DETAILS (ALL DETAILS MUST BE SUPPLIED)

Type of Card (please tick): VISA MASTERCARD

Cardholder Name (As appears on card): _____

Card Number: _____ Expiry Date (dd/mm/yy): ____ / ____ / ____

Please black out this section after loading.

SECTION 2 – DESCRIPTION OF GOODS/SERVICES (FOR EXAMPLE, PLANNED GIVING)

SECTION 3 – PAYMENT DETAILS:

\$ _____

Payment Frequency: Monthly

First Payment Date (dd/mm/yy): 20 / ____ / ____

Final Payment Date (dd/mm/yy): **UNTIL FURTHER NOTICE**

COMBINED COLLECTION (1st Collection + 2nd Collection)

Please note: The credit card facility withdraws envelope contributions on a monthly basis on the 20th day of each month (or next working day). Please use the fields below to help with your calculation. Thank you for your contribution.

My 1st Collection contribution _____

My 2nd Collection contribution _____

My total weekly contribution _____

My monthly contribution (weekly x 4) _____

SECTION 4 – AUTHORITY

I hereby authorise the Merchant to debit my Card Account with the amount and at the intervals specified above for goods/services as described. This authority shall stand, in respect of the above specified Card and in respect of any Card issued to me in renewal or replacement thereof, until I notify the Merchant in writing of its cancellation.

Cardholder's Signature: _____ Date: ____ / ____ / 20__

PLEASE NOTE: Form to be retained for your records. Do not forward to ADF.

OFFICE USE ONLY Parish Reference Code: _____

