



PO Box 5231, BRASSALL QLD 4305
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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)
Planned Giving

SECTION 3 – PAYMENT DETAILS:
\$ _____
Payment Frequency: Monthly
First Payment Date (dd/mms/yy): 20 / ____ / ____
Final Payment Date (dd/m m/yy): **UNTIL FURTHER NOTICE**

The Credit Card facility withdraws contributions on a monthly basis on the 20th day of each month. Thank you for your generosity.

“In the end, everything has been entrusted to our protection, and all of us are responsible for it. Be protectors of God’s Gifts!”

POPE FRANCIS, 3/19/13

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 it’s 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: _____

CCParish 2016/1

