ANNERLEY EKIBIN CATHOLIC PARISH

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PLANNED GIVING – Donations via credit card

□ NEW REQUEST	□ ALTERATION	□ CANCELLATION
Standing Order Authority	for Recurrent Period	ic Payment by Credit Card
Surname:	Christian Name(s):	
Address:		State: P/code:
Type of Card (circle)	MasterCard	Visa
Card Number:		
(Please black out this section after loading)		
Cardholder Name (as appears of	on card):	
Expiry Date: /		
Amount per debit: \$	Frequency	Fortnightly / Monthly
Date of first debit:/	/	
I hereby authorise the Merchant Account with the amount and at		
	=	ed Card and in respect of any Card notify the Merchant in writing of it's
Cardholders Signature:		Date:
Parish Use Only	Reference	