St. Ambrose Parish
Concord West

STANDING AUTHORITY FOR RECURRENT PAYMENT BY CREDIT CARD

To: **……... (Name of Parish)**

Surname: **……. Given names: ……**

Address: **……**

…… Telephone: ……..

Card: **MASTERCARD** ❑ **VISA** ❑

Card Number:

❑❑❑❑ ❑❑❑❑ ❑❑❑❑ ❑❑❑❑

Expiry Date: **……/…….**

Description of Goods/Services: **Provision of Church and other parish facilities**

Amount: **$……..** **Each: Month / Quarter / Year**
(Please circle)

Date of first debit: **01/……./…….**

Proposed period of donation: ……..
(This is not a binding commitment)

I wish to use my card to make a donation to:

St Ambrose Parish, Concord West

I hereby authorise the Merchant to debit my Card account with the amount and at the intervals specified above. In the event of any change in the amount of payment required, I will request the authority to be altered from the appropriate date in accordance with such change.

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: ……./……/…….**

OFFICE USE ONLY

Parishioner Reference No: **……**