



To: ST AMBROSE CHURCH
2 Burke Street
CONCORD WEST NSW 2138

Authority for Recurring Payment by Credit Card (Monthly)

Surname: _____ Given Name(s): _____

Address: _____ Contact No: _____

Type of Card: (tick appropriate box) MasterCard VISA

Card Number:

Cardholder Name: (as appears on card) _____ Expiry Date: ____/____/____

Payment Description: _____

Payment Amount: \$ _____ Payment Frequency: MONTHLY

Date of first payment: ____/____/____ Until End Date: (if applicable) ____/____/____

I hereby authorise the Merchant to debit my Credit 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.

Cardholders Signature: _____ Date: ____/____/____

Electronic signatures on this form are not acceptable. Please return your signed form to the Parish Office for processing.

Office Use:
Date loaded onto B-Point _____