

# St John the Apostle Catholic Community KIPPAX ACT

## STANDING AUTHORITY FOR RECURRENT PAYMENT BY CREDIT CARD

To: St John the Apostle Parish - KIPPAX ACT

Surname: \_\_\_\_\_ Given names: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Card: 



Card Number:

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Expiry Date: \_\_\_\_/\_\_\_\_

Amount: \$ \_\_\_\_\_

Please debit my account

Monthly on or around 23<sup>rd</sup> of the month.

Quarterly Sept, Dec, March, June.

Yearly Month nominated by you.

TO COMMENCE: Month \_\_\_\_\_ Year \_\_\_\_\_

Proposed period of donation: **- UNTIL FURTHER NOTICE**  
(This is not a binding commitment)

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

I wish to use my credit card to make a donation to: **St John the Apostle Parish KIPPAX ACT**

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

DESCRIPTION		DATE
Planned Giving Number		
Entered into BPOINT		
Entered into PACS		