

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:  **MASTERCARD**

 **VISA**

Card Number:

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Expiry Date: ___ / ___

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

Amount: \$ _____ Each: **Month** / **Quarter** / **Year** / (Please tick)

TO COMMENCE: **Month** _____ - **Year** _____

[Credit cards are processed once a month before the third Sunday of the month]

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

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		

I would like by giving distributed as follows:

Distribution of funds	AMOUNT
1 st Collection	
2 nd Collection	

1st Collection supports the Priests and MSC's
2nd Collection supports the Parish and Archdiocese.