

# PETRIE CATHOLIC COMMUNITY

38 Armstrong Street, Petrie

P.O. BOX 50, PETRIE QLD 4502

PRESBYTERY/PARISH OFFICE PHONE: (07) 3285 6759 FAX: (07) 3285 5333 CONVENT: (07) 3285 1570

## PLANNED GIVING – donations via credit card

☐ NEW REQUEST

☐ ALTERATION

☐ CANCELLATION

### Standing Order Authority for Recurrent Periodic 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 on card): \_\_\_\_\_

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

1<sup>st</sup> Collection

Amount per debit: \$ \_\_\_\_\_ Frequency Fortnight / Monthly / Other

2<sup>nd</sup> Collection

Amount per debit: \$ \_\_\_\_\_ Frequency Fortnight / Monthly / Other

Date of first debit: \_\_\_\_\_

*I hereby authorise the Merchant (Petrie Catholic Community) to debit my Card Account with the amount and at the intervals specified above, for donations 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 it's cancellation.*

Cardholders Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parish Use Only

Reference \_\_\_\_\_

Please note: Form to be retained for your records. Do not forward to ADF