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 Auth	nority for Recurrent Periodi	c Payment by Credit Card
Surname:	Christian Name(s	s):
Address:	State:	P/code:
Type of Card (circle)	MasterCard	Visa
Card Number:		
	(Please black out this section after	loading)
Cardholder Name	e (as appears on card):	
Expiry Date:	_1	
1 st Collection Amount per debit: \$	Frequency	Fortnight / Monthly / Other
2 nd Collection Amount per debit: \$	Frequency	Fortnight / Monthly / Other
Date of first debit:		
I hereby authorise the Mero amount and at the intervals	chant (Petrie Catholic Communit s specified above, for donations	y) to debit my Card Account with the as described.
This authority shall stand, issued to me in renewal or cancellation.	in respect of the above specified replacement thereof, until I notit	l Card and in respect of any Card fy the Merchant in writing of it's
Cardholders Signature	o:	Date:
Parish Use Only	Refe	rence cords. Do not forward to ADF