



Holy Family Church
2 Highfield Rd, Lindfield

CATHOLIC PARISH of Lindfield- Killara



Immaculate Heart of Mary Church
76A Fiddens Wharf Rd, Killara

STANDING AUTHORITY FOR RECURRENT PERIODIC PAYMENT BY CREDIT CARD

To: Catholic Parish of Lindfield-Killara

Surname: _____ Given Names: _____

Address: _____

Phone: _____ Email: _____

I wish to use my credit card to make my regular parishioner contributions to the Catholic Parish of Lindfield-Killara.

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: ___/___/___

Type of card (please circle): **BANKCARD** **MASTERCARD** **VISA**

Card Number:

□□□□ □□□□ □□□□ □□□□

Expiry date: □□ / □□

I authorise the following periodic payment(s) to be made:

- A. **FOR THE FIRST COLLECTION:** Amount: \$ _____ Each: Month / Quarterly
- B. **FOR SECOND COLLECTION:** Amount: \$ _____ Each: Month / Quarterly

If you would prefer to obtain a set of Weekly Envelopes for your Second Collection contribution please tick here

Please return this form to the Parish Office in person, by mail or by scanning and emailing to parish@lindfieldkillara.org.au