



**Request for Debiting Amounts to Accounts by
the Credit Card System**

Name _____

Address _____

Phone _____

Email _____

Preferred Method of Communication: Phone Email

Contribution:

- WEEKLY \$ _____ (usually processed on Mondays/Tuesdays)
- MONTHLY \$ _____ (usually processed on the 15th of the month
or nearest working day)

The money will be deducted from your credit card until you let us know in writing. Thank you.

Please Debit My:

Mastercard Visa Card

Cardholder's Name: _____
please print

Card Number:

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Expiry Date: _____

Signature: _____ **Date:** _____

The information provided in this form is collected and handled in accordance with the Catholic Diocese of Broken Bay's
Privacy Policy available on the website at www.bbcatholic.org.au