



The Catholic Parish of Pittwater

Sacred Heart & Maria Regina. Neighbourhoods of Grace, entrusted to the care of the Salvatorians.

COMPLETE THIS SIDE IF CONTRIBUTING VIA CREDIT CARD

Planned Giving Direct Debit Agreement Form

Envelope #	(if known)	Given Name:	
Surname:		Telephone:	
Address:		Suburb:	
Postcode:		Email:	

Payment Agreement

Step 1:		Step 2:		Step 3:	
First Debit Date	/ /	<input type="checkbox"/> Until Further Notice		<input type="checkbox"/> Weekly	<input type="checkbox"/> Quarterly
First Debit:	\$	<input type="checkbox"/> For (#) _____ Payments only		<input type="checkbox"/> Fortnightly	<input type="checkbox"/> 6 monthly
Regular Debit:	\$			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly

Debit from Credit Card

☐ Visa

☐ Mastercard

Card Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Card Holder Name:					Expiry Date:	/							
					CCV:	<input type="text"/>	<input type="text"/>	<input type="text"/>					

This authorisation is to remain in force until notice is received in writing for it to be changed.

Signatory of Nominated Account:		Date:	/ /
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PARISH OFFICE:

1 Keenan Street Mona Vale NSW 2103 Phone: (02) 9997 7311 Fax: (02) 9012 0509 email: office@pittwaterparish.org

website: www.pittwaterparish.org

SACRED HEART CHURCH 1 Keenan Street Mona Vale 2103 MARIA REGINA CHURCH 7 Central Road Avalon 2107



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COMPLETE THIS SIDE IF CONTRIBUTING VIA DIRECT DEBIT FROM BANK ACCOUNT

Planned Giving Direct Debit Agreement Form

Envelope #	(if known)	Given Name:	
Surname:		Telephone:	
Address:		Suburb:	
Postcode:		Email:	

Payment Agreement

Step 1:		Step 2:		Step 3:	
First Debit Date	/ /	<input type="checkbox"/> Until Further Notice		<input type="checkbox"/> Weekly	<input type="checkbox"/> Quarterly
First Debit:	\$	<input type="checkbox"/> For (#) _____ Payments only		<input type="checkbox"/> Fortnightly	<input type="checkbox"/> 6 monthly
Regular Debit:	\$			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly

Debit from Bank Account, Building Society or Credit Union

Bank Name		Branch	
Account Name			
BSB	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>		
Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

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