



# CATHOLIC PARISH of Lindfield- Killara



*Holy Family Church  
2 Highfield Rd, Lindfield*

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

## AUTHORITY FOR RECURRENT PERIODIC PAYMENT BY CREDIT CARD

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

I hereby authorise the Merchant to debit my card account with the amount and at the intervals specified below. The authority shall stand, as specified, until I notify the Merchant in writing of its cancellation.

Surname: \_\_\_\_\_ Christian Names: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Cardholder's signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Type of card (please circle):      MasterCard                                  Visa

Card Number:

    
         
         

Expiry date:        /   

I authorise the following periodic payments to be made:

- |                                      |                  |   |
|--------------------------------------|------------------|---|
| <b>A. First Collection:</b>          | Amount: \$ _____ | Each: Month / Quarterly (please circle) |
| <b>B. Second Collection:</b>         | Amount: \$ _____ | Each: Month / Quarterly (please circle) |
| <b>C. CWF Collection:</b>            | Amount: \$ _____ | Each: Tri-Annual (Aug., Nov., May)      |
| <b>D. Easter/Christmas Offering:</b> | Amount: \$ _____ | Twice annual at Easter and at Christmas |

Please return this form to Alison Williams at the Parish Office either by mail (PO Box 22 Lindfield NSW 2070) or by email ([accounts@lindfieldkillara.org.au](mailto:accounts@lindfieldkillara.org.au))

*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](http://www.bbcatholic.org.au))*