



Holy Family Church Lindfield
Immaculate Heart of Mary Church Killara

www.lindfieldkillara.org.au
PO Box 22 Lindfield NSW 2070
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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. This authority shall stand, as specified, until I notify the Merchant in writing of its cancellation.

Surname: _____ Given Names: _____

Address: _____

Phone: _____ Email: _____

Cardholder's signature: _____ Date: ___/___/___

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

Card Number:

Expiry date: /

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

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

If you would prefer to obtain a set of Weekly Envelopes for your Second Collection contribution please complete your name and address details above and tick here

Please return this form to the Parish Office in person or by mail or by email to
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.dbb.org.au

*We are a welcoming Christian community which embraces all people.
We support each other to grow in faith and create a loving and compassionate community.
We aspire to live as Christ's witnesses of God's unconditional love.*