

**Ku-ring-gai Chase Catholic Parish
Planned Giving Program**

Ku-ring-gai Chase Catholic Parish
PO Box 3196 Asquith NSW 2077

Surname: _____

Given Names: _____

Address: _____

Telephone: _____

Present envelope number (if applicable): _____

**I UNDERSTAND THAT I MAY REVISE MY
OFFERING
AT ANY TIME AND AS I SO DESIRE**

I promise: **Monthly by credit card** \$ _____

To contribute monthly by credit card please tick box

and complete the section opposite (TICK HERE)

Please tick box if this is a change to a previous authority

(TICK HERE)

**STANDING AUTHORITY FOR RECURRENT
PERIODIC PAYMENT BY CREDIT CARD**

Credit Card (Please Tick)

MasterCard VisaCard

Cardholder

Name: _____

Credit Card Number:

Expiry Date: /

Description of Goods/Services: Provision of Church and
other parish facilities

Monthly Amount \$ _____

TO: Ku-ring-gai Chase Catholic Parish (the Merchant)

I hereby authorise the Merchant to debit my credit 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. I understand that this authority may be cancelled in writing at my discretion.

Cardholder's

Signature: _____ Date _____