



# Wyong Catholic Parish

## STANDING AUTHORITY FOR RECURRENT PERIODIC PAYMENT BY CREDIT CARD

To: **Wyong Catholic Parish**

Name (as it appears on card): \_\_\_\_\_

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

Email: \_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Tick: MASTERCARD  VISA  EXPIRY DATE \_\_\_/\_\_\_ \_\_\_/\_\_\_

Card Number:

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Monthly Planned Giving	
Please nominate the amount of your donation to be debited to your credit card (refer to 1 below)	\$

<b>Christmas Dues</b>	\$	<b>Easter Dues</b>	\$
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<b>CWF Appeal</b>	August	November	May
Amount of Donation	\$	\$	\$

I wish to use my credit card to make a donation to

### Wyong Catholic Parish

I hereby authorize the Merchant to debit my Card account with the amount(s) 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 termination.

Cardholder's signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/20\_\_\_

For your information:

1. Your Monthly Planned Giving donation will be debited to your credit card the week following the first Sunday of the month.
2. Your Christmas Donation will be debited to your credit card during the first week of December annually.
3. Your Easter Donation will be debited to your credit card during the first week of April annually.
4. Charitable Works Donations will be debited to your credit card during the first week of August, November and May annually.
5. Please ring the Parish Office if you wish to cancel this authority or defer your donation for any reason.

Parish Office Use Only	Reference #	Date Received	/ /20
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