

To: Catholic Parish of Our Lady of the Annunciation
Pagewood
25 Donovan Avenue, Maroubra
NSW 2035

Authority for Recurring Payment by Credit Card

Surname: _____ Given Name(s): _____

Address: _____ Contact No: () _____

Email Add: _____

Type of Card: (tick appropriate box) MasterCard VISA

Card Number:

Cardholder Name: (as appears on card) _____ Expiry Date: ____ / ____

Payment Description: OLA Pagewood Planned Giving Envelope No: _____

Payment Amount: \$ _____ Payment Frequency: monthly _____

I hereby authorise Catholic Parish of Our Lady of the Annunciation to debit my Credit Card Account with the amount and at the intervals specified above for the donations.

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.

Cardholders Signature: _____ Date: ____ / ____ / ____

Office Use Only

Payment Reference: _____