

THE CATHOLIC PARISH OF CORINDA GRACEVILLE

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ARCHDIOCESAN
DEVELOPMENT
FUND

AUTHORITY FOR RECURRENT PAYMENT BY CREDIT CARD

Action (Please tick): New request Alteration Cancellation

Surname:

Name:

Address:

Postcode:

SECTION 1 – CARD DETAILS (ALL DETAILS MUST BE SUPPLIED)

Type of Card (Please tick): VISA MASTERCARD

Cardholder Name (As appears on card):

Card Number:

Expiry Date (dd/mm/yy):

Please black out this section after loading.

SECTION 2 – DESCRIPTION OF GOODS/SERVICES (FOR EXAMPLE, SCHOOL FEES)

SECTION 3 – PAYMENT DETAILS: FIRST COLLECTION AND SECOND COLLECTION

I/We request that you debit my/our account in accordance with this Agreement and subject to one or more of the following conditions:

FIRST COLLECTION

Amount of: \$

Payment Frequency (Please tick): Fortnightly Monthly

First Payment Date (dd/mm/yy): / /

Final Payment Date (dd/mm/yy): **UNTIL FURTHER NOTICE**

SECOND COLLECTION

Amount of: \$

Payment Frequency (Please tick): Fortnightly Monthly

First Payment Date (dd/mm/yy): / /

Final Payment Date (dd/mm/yy): **UNTIL FURTHER NOTICE**

SECTION 4 – AUTHORITY

I hereby authorise the Merchant to debit my Card Account with the amount and at the intervals specified above for goods/services as described. 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.

Cardholder's Signature:

Date: / / 20

PLEASE NOTE: Form to be retained for your records. Do not forward to ADF.

OFFICE USE ONLY Parish Reference Code:

OFFICE USE ONLY Reference:

CC1&2 2016/1

