



Credit Card Authorisation

Our Lady of Grace Parish, Sacrificial Giving Program

PARISHIONER DETAILS:

Name: _____

Address: _____

Phone: _____

CREDIT CARD DETAILS:

Name as it appears on Credit Card: _____

Card Type:  

Card No: _____ Expiry Date: __/__/__

I/We authorise Our Lady of Grace Parish North Beach, until further notice, to debit my/our credit card, the details of which are shown above, the amount shown below.

This authorisation can be cancelled *in writing* at any time.

Amount to be debited: \$ _____ Start Month: _____

(Credit Card transactions will be banked *around* the 15th of each month)

Frequency: Monthly Quarterly 6 Monthly Yearly

Signature of Credit Card holder/s: _____ Date: ____/____/____

*****All information collected will remain completely confidential and secure*****

Office Use Only:

Envelope Number: _____

Acknowledgement

COPS Entered