

ST BENEDICT'S CREDIT CARD PAYMENT REQUEST

Request and Authority to debit the credit card account named below to pay:

Applecross Parish

Request and Authority to debit credit card account	Name
	Address
	Request and authorise St Benedict's Parish
Insert details of credit card account to be debited	Name of cardholder
	Type of credit card MASTERCARD / VISA
	Card number _ _ _ _ _ _ _ _
	Expiry Date -
Debit Frequency	The <i>first debit</i> may be made on / / and at fortnightly / monthly / quarterly / half yearly / yearly intervals thereafter.
	Or 1 debit amount ONLY on//
Debit Amount	The amount to be debited each time is \$ - -
	(Amount in words)
Debit End Date	The debits are to continue: until further notice OR until/
Insert your signature	Signature
	Date:/
	Surname
FOR PARISH USE ONLY	
New Agreement / Amendment of Existing Authority	
Family Code:	
Date Received:/ Date Actioned:/	
Staff member (actioned by):	