

CREDIT CARD REGULAR PAYMENT REQUEST

Request and Authority to debit the credit card account named below to pay (<u>Sacred Heart Parish Hindmarsh Findon</u>)	
Request and Authority to debit credit card account	Name
	Address
	Email
	request and authorise to debit my credit card account as detailed below to pay The Parish. This authority remains in force until such time that I provide written instruction to amend or cancel this authority.
Insert details of credit card account to be debited	Name of cardholder
	Type of credit card Mastercard / VISA
	Account number _ _ _ _ _ _ _ _ _
	Expiry Dare -
Debit Frequency	☐ The first debit may be made on / / and at weekly / fortnightly / monthly / quarterly / half yearly / yearly intervals after that.
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/ Child's Name
FOR OFFICE USE ONLY:	
New Agreement / Amendment of Existing Authority	
Family Code:	
Date Received:	Date Actioned:
	py):