



Caloundra Catholic Parish

PO Box 595, Caloundra Qld 4551
Phone (07) 5491 2011
E-mail: calndra@bne.catholic.net.au

**2nd & 1st
COMBINED COLLECTION
NON TAX-DEDUCTIBLE**

To: Caloundra Catholic Parish
PO Box 595 Caloundra Qld 4551 DATE: _____

NEW REQUEST ALTERATION CANCELLATION

Standing order Authority for Recurrent Periodic Payment by Credit Card

Surname: _____ Name(s): _____

Address: _____

_____ State: _____ P/code: _____

Email Address: _____ (For notification if declined)

Type of Card (circle) Mastercard Visa

Card Number:

(Please black out this section after loading)

Cardholder Name: (as appears on card): _____

Expiry Date: ____ / ____

Combined Collection <i>(For the support of the Priests & the Parish)</i>	
Amount per debit	\$
Frequency: <i>(Please circle)</i> Once / Fortnightly / Monthly / Quarterly / Yearly	
Date of First Debit/...../.....
Parish Reference	

I hereby authorize the Caloundra Catholic Parish 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 Caloundra Catholic Parish in writing of it's cancellation.

Cardholder's Signature: _____ Date: _____

Please note: Form to be retained by Parish. Do not forward to ADF