



CALOUNDRA CATHOLIC PARISH

Being the Churches of Beerwah, Bokarina, Caloundra, Currimundi, Golden Beach, Kawana, Kenilworth, Landsborough, Little Mountain, Maleny & Mooloolah
The Caloundra Catholic School
The Caloundra Catholic Communities Foundation Limited

FOUNDATION

PO Box 595, Caloundra Qld 4551
Phone (07) 5491 2011 Fax (07) 5491 2863
E-mail: calndra@bne.catholic.net.au

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: _____

Type of Card (circle) Bankcard Mastercard Visa

Card Number:

(Please black out this section after loading)

Cardholder Name: (as appears on card): _____

Expiry Date: ____ / ____

Description of goods/services: _____
(eg. Planned Giving, Donation ,Invoice payment)

Amount per debit: \$ _____ Frequency: Once / Fortnightly / Monthly / Quarterly / Yrly

Date of first debit: _____ Until End Date: _____

I wish to use my _____ (type of card) to pay for the above goods/services supplied to me
by _____ (the merchant)

I hereby authorize 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 it's cancellation.

Cardholder's Signature: _____ Date: _____

Parish Use Only Reference: _____

Please note: Form to be retained for your records. Do not forward to ADF