Living Waters Catholic Parish

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ARCHDIOCESAN DEVELOPMENT FUND

AUTHORITY FOR RECURRENT PAYMENT BY CREDIT CARD

Action *(Please tick)*: ☐ New request ☐ Alteration ☐ Cancellation

Surname: Name:

Address: Postcode:

SECTION 1 – CARD DETAILS *(ALL DETAILS MUST BE SUPPLIED)*

Type of Card *(Please tick)*: ☐ VISA ☐ MASTERCARD

Cardholder Name *(As appears on card)*:

Card Number: | | | | | | | | | | | | | | | | Expiry Date *(dd/mm/yy)*: / /

Please black out this section after loading.

SECTION 2 – DESCRIPTION OF GOODS/SERVICES *(FOR EXAMPLE, PLANNED GIVING)*

SECTION 3 – PAYMENT DETAILS:

$

Payment Frequency *(Please tick)* : ☐ Fortnightly ☐ Monthly

First Payment Date *(dd/mm/yy)*: / /

Final Payment Date *(dd/mm/yy)*: **UNTIL FURTHER NOTICE**

SECTION 4 – AUTHORITY

I hereby authorise 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: / / 20

PLEASE NOTE: Form to be retained for your records. Do not forward to ADF.

OFFICE USE ONLY Parish Reference Code: | | | | | | | | | | | | | | |

CCParish 2016/1