



Parish of St. Edward the Confessor

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Catholic Parish Office
104 Chatswood Road
Daisy Hill Qld 4127

Date: _____

NEW REQUEST

ALTERATION

CANCELLATION

Surname: _____ Name(s): _____

Address: _____ State: _____ P/code: _____

Type of Card (circle) MasterCard Visa

Card Number:
(Office use - please black out this section after loading)

Cardholder Name (as appears on card): _____

Expiry Date: ____ / ____

Description of goods / services: _____
(eg School Fees, Planned Giving, Sacramental Program, etc)

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

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 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 its cancellation.

Cardholders Signature: _____ Date: _____

Parish Use Only

Reference: _____

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