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## **Authority for Recurring Payment by Credit Card**

Surname:	Given Name(s):
Address:	Contact No:
Type of Card: (tick appropria	ate box) MasterCard VISA
Card Number:	
Cardholder Name: (as appe	ears on card) Expiry Date:
Payment Description:	
Payment Amount: \$	Payment Frequency: Monthly
Date of first payment:	Until End Date: (if applicable)
•	chant to debit my Credit Card Account with the amount and at the or goods/services as described.
•	n respect of the above specified Card and in respect of any Card replacement thereof, until I notify the Merchant in writing of its
Cardholders Signature:	Date:
	Office Use Only
Payment Reference:	